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VOLUME V

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JUNE 30, 1914

# THE INSTITUTION QUARTERLY

An Official Organ of the Public  
Charity Service of Illinois

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## THE PUBLISHERS:

The State Board of Administration

The State Charities Commission

The State Psychopathic Institute

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Commission, Springfield, Illinois

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# THE INSTITUTION QUARTERLY

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Vol. V.                      Springfield, Illinois, June, 30, 1914.                      No. 2

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Issued jointly by the State Board of Administration, State Charities Commission and the State Psychopathic Institute, to reflect the public charity service of Illinois; to publish the results of its investigations and researches in the manifold questions of care and treatment of all classes of State wards and to lead the way towards a harmonious co-operation and co-ordination of all public and private agencies throughout Illinois which at any point touch the problems of philanthropy, charity and social betterment.

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THE PLATFORM OF PRINCIPLES OF  
ILLINOIS' CHARITY LAW

"To provide humane and scientific treatment and care and the highest attainable degree of individual development for the dependent wards of the State;

"To provide for delinquents such wise conditions of modern education and training as will restore the largest possible portion of them to useful citizenship;

"To promote the study of the causes of dependency and delinquency and mental, moral and physical defects, with a view to cure and ultimate prevention;

"To secure the highest attainable degree of economy in the business administration of the State institutions consistent with the objects above enumerated, and this Act, which shall be known as the code of charities of the State of Illinois, shall be liberally construed to these ends."



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Dr. S. N. Clark, Physician.

K. N. Manougian, Pathologist.

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The Elgin State Hospital, Elgin—Dr. H. J. Gahagan.

The Kankakee State Hospital, Kankakee—Dr. P. M. Kelly.

The Jacksonville State Hospital, Jacksonville—Dr. H. B. Carriel.

The Anna State Hospital, Anna—Dr. R. A. Goodner.

The Watertown State Hospital, Watertown—Dr. J. A. Campbell.

The Peoria State Hospital, Peoria—Dr. R. T. Hinton.

The Chester State Hospital, Chester—Dr. George K. Farris.

Chicago State Hospital—Dr. George Leininger.

The Lincoln State School and Colony, Lincoln—Dr. Thomas H. Leonard.

The Illinois Industrial Colony for Improvable Epileptics, Dixon—  
No superintendent.

The Illinois School for the Deaf, Jacksonville—Mr. C. P. Gillett.

The Illinois School for the Blind, Jacksonville—Mr. Robert W. Woolston.

The Illinois Industrial Home for the Blind, Chicago—Mr. Wm. F. Shultz.

The Illinois Soldiers' and Sailors' Home, Quincy—Mr. John E. Andrew.

The Soldiers' Widows' Home of Illinois, Wilmington—Mrs. Nettie  
McFarland McGowan.

The Illinois Soldiers' Orphans' Home, Normal—Mr. Charles E. Bassett.

The Illinois Charitable Eye and Ear Infirmary, Chicago—Mr. Charles  
T. Garrard.

The State Training School for Girls, Geneva—Mrs. Carrie O'Connor.

The St. Charles School for Boys, St. Charles—Col. C. B. Adams.

The Alton State Hospital, Alton—No superintendent.

## CONTRIBUTORS TO THE QUARTERLY

### ON THE RELATION BETWEEN EDUCATION AND PHILANTHROPY

Edmund D. James, President of the University of Illinois

### ON THE STATE'S WORK AMONG THE INSANE

Dr. Ralph T. Hinton, Superintendent Peoria State Hospital.  
Dr. P. M. Kelly, Superintendent Kankakee State Hospital.  
Dr. H. J. Gahagan, Superintendent Elgin State Hospital.  
Dr. J. A. Campbell, Superintendent Watertown State Hospital.  
Dr. R. A. Goodner, Superintendent Anna State Hospital.  
Dr. H. B. Carriel, Superintendent Jacksonville State Hospital.  
Dr. George K. Farris, Superintendent Chester State Hospital.

### ON CHILDREN

Miss Julia C. Lathrop, Director National Children's Bureau, Washington, D. C.

Dr. Thomas A. Woodruff, Chicago; Mr. Robert W. Woolston, Jacksonville, Superintendent State School for the Blind; and Dr. William H. Wilder, Chicago: Blindness, its Prevention, and the care and training of the young blind.

Mr. C. P. Gillett, Jacksonville, Superintendent State School for the Deaf; and Dr. George E. Shambaugh, Chicago: The education and care of the deaf.

Dr. Thomas H. Leonard, Superintendent of the Lincoln State School and Colony: The feeble-minded.

Mr. Sherman C. Kingsley, Chicago, director of the Elizabeth J. McCormick foundation: The normal but dependent child.

Dr. Henry Helmholtz, Chicago: Infant welfare and infant mortality.

Dr. Caroline Hedger, Chicago: Infant welfare and infant mortality.

Col. C. B. Adams, Superintendent of the St. Charles School of Boys: The delinquent boy.

Dr. W. H. C. Smith, Godfrey: The epileptic child.

Mrs. Carrie O'Connor, Superintendent of the State Training School, Geneva: The delinquent girl.

Dr. Clara Harrison Town, State Psychologist at the Lincoln State School and Colony, and Dr. William Healy, Psychologist of the Chicago Juvenile Court: The subnormal and the retarded child and the application of tests of mentality in the schools.

### ON GENERAL PHILANTHROPY AND SOCIOLOGY

Dr. Charles R. Henderson, head of Department of Sociology, University of Chicago; Prof. Edward C. Hayes, head of the Department of Sociology of the University of Illinois: Sociology.

Dr. Graham Taylor, Chicago Commons: General philanthropy.

Rev. P. J. O'Callaghan, Chicago; Edmund M. Allen, Warden, State Prison, Joliet; W. V. Choisser, Warden, State Prison, Chester; and W. C. Graves, Superintendent of the Illinois Reformatory at Pontiac: Correction.

Mr. Perry N. Hiser, Superintendent, Peoria Associated Charities: Associated Charities: Family treatment and outdoor relief.

Dr. George T. Palmer, Springfield: Public health, housing and anti-tuberculosis.

Mr. Frank E. Wing, Superintendent of the Chicago Municipal Tuberculosis Sanatorium: Anti-tuberculosis.

Dr. Theodore B. Sachs, Chicago, Secretary of the Municipal Tuberculosis Sanatorium: Anti-tuberculosis.

Miss Elnora E. Thomson, Chicago, Secretary of the Chicago Mental Hygiene Society; Mental hygiene and social service among the insane.

### MY IDEAL WORLD

The following poem was written by Clarence J. Selby, a blind mute in one of the Illinois State Institutions. When one who has been denied both sight and hearing can thus sing and express his joys in living, it would seem that the rest of us should find more cause than we do for happiness and contentment:

I live in an ideal world all my own,  
No mortal can share it with me,  
Its mysteries to all will be ever unknown  
No eye its rare beauties can see.

My sky is the loveliest and brightest of blue,  
Its clouds are so misty and white;  
The sun ever shines in my ideal world,  
And unknown is the darkness of night.

In my ideal world bright flowers ever bloom,  
And the leaves on my trees never fade,  
And birds of bright plumage make for them a home  
And sing in each flowery glade.

In my ideal world the clearest of lakes  
Reflect back the bright azure sky,  
No storm on its bosom with fury ever breaks  
Nor fierce winds pass hurriedly by.

In my ideal world the landscapes are fair,  
There are valleys and mountains and hills;  
Bright rivers and streamlets glide peacefully on  
And brooklets with murmuring rills.

In my ideal world bright forms too I see  
With faces exquisitely fair,  
For happy and peaceful they ever can be,  
Unknown is all sorrow and care.

In my ideal world all musical sounds  
Are purest and clearest in tone  
In silvery sweetness their harmonies blend,  
No discord, there, ever is known.

Oh, my ideal world, words but faintly describe  
Thy beauteous scenes that I see,  
All praise to my Father the Great, the Supreme,  
Who conferred these great blessings on me.



## SOME CORRECTIONS

In the issue of the "Institution Quarterly" of September 30, 1913 there appeared a list of the charitable, benevolent and social service organizations of this State. This list, as was explained at the time, represented the first work of the kind and scope that had been undertaken in Illinois. The compilations were all made by Miss Vella Martin, then inspector of institutions of the State Charities Commission.

The list attracted wide attention throughout the State and it was expected that a number of criticisms of its accuracy would be made. It was quite natural to suppose that, in a pioneer work of such magnitude, errors would creep in; however, only three institutions have written to us asking that corrections be made or omissions inserted.

Due to an error on the part of the printer which was not detected in the reading of the proof, the Protectorate of the Catholic Women's League of Chicago, of which Mrs. Lenora Z. Meder is superintendent, was omitted. The Protectorate is located at number 7 West Madison street; telephone Central 3301. The League does a general work of looking after children who are in need of attention. Its name was in the list furnished Miss Martin by Mr. Henry Stewart of the Chicago Association of Commerce who prepared the directory of Chicago agencies which have been endorsed by the Association.

Under the head of Rock Island County was mentioned "West End Mission." This is an error in nomenclature. Its proper designation is the West End Settlement. It is not incorporated. It is supported by private subscription. Mrs. Wilbur B. Barker, not salaried, is in charge of the work and has six assistants working full time and on salaries, including the housekeeper and the janitor and two paid workers on part time only. The "plant" consists of a main building, three floors, erected in 1909 and including a gymnasium, class rooms and domestic science cooking room; a frame residence used as a day nursery and a frame dwelling used as a library and a play ground with apparatus.

The Catholic Orphan Asylum at Alton was credited in the report with sixty-five children, with the statement that the county allowed fifty dollars per child. This was an error in fact and implication. The institution cares for 140 children and has never received a cent of county money; has never sought any and would not accept it, if offered.

The orphanage is entirely a private institution, supported exclusively by contributions of the Catholics of the diocese of Alton.

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## LENDING PRACTICE BROKEN UP

The Board of Administration has issued a general order prohibiting the "interchanging of help or materials or lending of vehicles or other equipment to others than legal agents of the State."

"This applies," the board says, "with equal force to the loan of the services of patients or inmates to those residing in the vicinity of the institution or elsewhere, for pay or otherwise. This practice is capable of the grossest abuse and may be easily interpreted by hostile critics, hence its discontinuance is indicated."

## A PSYCHOPATHIC LABORATORY IN COURT

Dr. W. J. Hickson of Vineland, New Jersey and Miss Mary Campbell of Milwaukee are the director and assistant director of the new psychopathic laboratory which has been organized by the municipal court of Chicago to assist in determining the treatment to be accorded to those who come before it charged with violations of the law.

The organization of this laboratory has long been the ambition of Judge Harry Olson, supreme justice of the municipal court. He has been working towards its development for a number of years and it is a matter of congratulation to the whole State that this progressive court is to have the opportunity to test out for practical results the theories which have been advanced by the advocates of the psychopathic laboratory as a part of a criminal court.

The laboratory will be furnished with all of the modern equipment. The director and assistant director have had training of the highest character in psychopathic laboratory work.

It is the intention of the court to give the laboratory a complete test under the most favorable circumstances. The purpose of such a laboratory is well understood by all social workers and criminologists.

The operation of this laboratory will be watched intently by the whole country. If it is a success, criminal courts will be likely to follow the example of the municipal court of Chicago.

## MEETING STATE HOSPITALS MEDICAL ASSOCIATION

The fourth annual meeting of the Illinois State Hospitals Medical Association was held at the Peoria State Hospital on April 23-24. All of the State Hospitals were represented by delegates.

The papers read at this meeting will appear in later issues of the "Quarterly" and for that reason comment at this time is not necessary.

The program was as follows:

### THURSDAY, APRIL 23. 2:00 P.M.

"The Organization of a Receiving Service," F. J. Sullivan, M.D. and A. H. Deppe, M.D., Kankakee.

Plans for a Building for a Male Reception Service for a Hospital of 1,500 beds. The Constituent Hospital Societies.

"The Care of the Physically Sick in Hospitals for the Insane," T. G. McLin, M.D., Jacksonville.

### EVENING SESSION 8:00 O'CLOCK P.M.

"Methods of Commitment and Transfer of Patients to a State Hospital," C. C. Ellis, M.D., Chicago.

Paper—Title to be announced. C. U. Collins, M.D., Peoria.

Address by a member of Board of Administration.

FRIDAY, APRIL 24. 9:00 A.M.

"The Use of Emetine in the Treatment of Amebic Dysentery," W. W. Mercer, M.D., Peoria.

"Insanity in Near Relatives," S. N. Clark, M.D., Kankakee.

"Skin Lesions Among the Chronic Insane," G. M. Lisor, M.D., Chicago.

"Institution Problems in Senile Insanity," R. M. Ritchey, M.D., Anna.

## ILLINOIS OFFICIALLY REPRESENTED

Dr. Anna Dwyer, member of the State Charities Commission of Illinois, attended the third annual international conference on Child Welfare at Washington, D.C., April 22-27.

Dr. Dwyer was elected to attend this meeting by the commission of which she is a member and was likewise delegated by the Governor of Illinois to represent this State.

She was the only delegate present as a delegate from an official body or as a delegate from a State.

## TO ABOLISH JAIL FEES

Robert Smith is a supervisor in McLean County. Mr. Smith lives in the country. Mr. Smith has decided to be more or less of a hero. Whatever may be the temporary outcome of his first heroic efforts, posterity will ascribe to him the honor of having been far ahead of his times.

Mr. Smith in a statement in the Bloomington Pantagraph avows his intention "to place a matter before the coming meeting of the board of supervisors that should be of interest to every tax payer in the county."

The aforesaid matter relates to the fees of the treasurer and sheriff of the county. Mr. Smith says that these two officers should be paid a salary and that all the fees of their offices, including the interest the banks pay on daily balances, should be turned into the county treasury.

He declares that the allowances made to the sheriff for feeding prisoners is too great and it is his opinion there should be a reform along this line.

It will be noted that Mr. Smith bases his action and his arguments upon the economic phase of the question. We have no doubt that he understands that there is a social phase of this question, which, in the minds of men and women is, or should be, of more importance than the saving of a few thousand dollars.

At the present time, throughout the United States, there is a revolt against the jail system. The fees and the perquisites of the sheriff's offices have been recognized throughout the country for a number of years as the bulwark of a vicious system that is inhumane and cruel to men and women incarcerated in the jails, debasing to the public service and contributing continually to a condition of affairs much worse than that which it is sought to correct.

In the "Quarterly" and through other mediums, we have frequently called attention to the evils of the jail system not only in this State but in all other states. These evils thrive in the fertile ground of the fee system.

If Mr. Smith succeeds in abolishing the fee system in McLean County, he will not only, as he proposes, make a financial gain for the tax payer, but he will contribute materially to the solution of a social problem that has assumed tremendous proportions in this country.

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### FOR THE FEEBLEMINDED

The first steps in an active movement to secure better State supervision over subnormal and feeble minded children have been taken by a group of Chicago social workers.

A. A. McCormick, President of the Cook County Board of Commissioners, called the first meeting. It was stated that there are 6,000 subnormal and feebleminded in Chicago and about 18,000 in the State all of whom should be institution charges.

Against this there is one State institution with a maximum capacity of about 1,500.

A number of committees will be appointed; among them, one on legislation, one on propoganda and one to meet the State charity authorities.

Among those who have taken active interest in this subject are:

Miss Jane Addams, Mrs. Joseph T. Bowen, James Mullenbach, superintendent of the Oak Forest infirmary; Joseph Meyer, county agent; Dr. William J. Hickson of the psychopathic laboratory, Dr. William Healy of the juvenile court, Sherman C. Kingsley of the Elizabeth McCormick memorial fund, Chief Justice Olson of the municipal court, Mrs. H. B. Young of the philanthropic department of the Chicago Woman's club, Joel D. Hunter, chief probation officer of the juvenile court; Miss Minnie F. Low of the bureau of personal service, Eugene T. Lies of the associated charities, Mrs. Gertrude Howe Britton, superintendent of the Juvenile Protective association; Miss Anna E. Nicholes, county civil service commissioner; Miss Amelia C. Sears, director of the bureau of public welfare, and Daniel P. McMillan, director of the child study and educational research department of the board of education.

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### THE NATIONAL CONFERENCE OF CHARITIES AND CORRECTION

The forty-first annual session of the National Conference of Charities was held at Memphis, Tenn., May 8-15.

Preceding its opening session many social service organizations of national scope held their annual sessions. Among these were the American Association of Officials of Charity and Correction; American Red Cross, National Jewish Charities, American Association of Societies for Organizing Charities, the Conference on the Education of Delinquent, Truant, Backward and Dependent Children; the National Probation Association, and the largest and most important of all, the Southern Sociological Congress.

Notwithstanding the drawing powers of these organizations and of the National Conference itself and the central location of the meeting place, the attendance upon the conference itself, was not as large as was



expected. Some of the general sessions did not fill the Orpheum theater. The hospitality of the Memphis people was very marked, but they did not turn out in large numbers to attend the sectional and general meetings of the conference.

The conference program contained the names of many eminent men and women. Space will not admit of our going into detail and discussing the excellent addresses. Two or three features, however, must not be omitted. In the first place the social progress of the South, judging by the speakers from that section, is rapid. They brought to the conference very hopeful reports, not only of the advance which is being made through legislative avenues but also through the formation of wholesome public sentiment which is reacting upon and softening the traditions of the South.

Among the speakers representing that section were several negroes who made a distinct impression upon all who heard them. Probably no speakers of the ten days were so eloquent as they.

The conference emphasized the progress which is being made in the treatment of prisoners, first offenders and misdemeanants. The sectional and general meetings on this subject were of an exceptional character. Much force was given the speakers by the liberal display of stereopticon views. The program was so arranged on this subject that the conference got a comprehensive vision of all the movements in the nation along this line.

Under the guise of social hygiene, the subject of prostitution was presented, sometimes in rather sensational style. The character of the discussion of the segregated district of Memphis was, we believe, entirely out of place; at least certain portions of it were not fit for a general audience in which there were many young women. It is a cause for some humiliation that, as a result of the lurid pictures of this district, many delegates to the conference, including both young and old of both sexes, allowed their curiosity to get the better of their judgment in an invasion of the neighborhood.

The conference was not without some exciting moments. Evidences of dissatisfaction with its prevailing policies and methods were too clear ever to be mistaken. The conference no doubt will heed the rumblings of discontent which were heard at Memphis.

The next meeting will be in Baltimore, Md., on a date to be selected by the Executive Committee.

Mrs. John M. Glenn, formerly of that city, now of New York City, was elected president of the conference.

Other officers and committeemen are as follows:

For First Vice President, The Rev. John A. Ryan, D.D., Minnesota.

For Second Vice President, Frank J. Sessions, Iowa.

For Third Vice President, James T. Mastin, Virginia.

For Treasurer, W. T. Cross, Illinois.

For General Secretary, W. T. Cross, Illinois.

Members of Executive Committee for two years:

Hon. Harvey H. Baker, Massachusetts.

Edwin D. Solenberger, Pennsylvania.

Rabbi Louis Bernstein, Missouri.

Jean Gordon, Louisiana.

Frances Ingram, Kentucky.



## AMERICAN ASSOCIATION OF OFFICIALS OF CHARITY AND CORRECTION

The fifth annual meeting of this association was held at Memphis, Tenn., May 7-8. The program was presented in five sections, each section under charge of a committee on the subject under discussion.

The association proposes to confine itself closely to the practical, everyday questions and problems which arise in the administration and supervision of both public and private charities; consequently the papers at the Memphis meeting were of a very practical character and it was noted that the more practical the subject the keener the interest and the greater the desire of the members to discuss the topic. So marked was this fact that the Executive Committee, before leaving Memphis, decided that for the meeting at Baltimore next year, the program shall be made as popular as it is possible to make it.

Each committee was instructed to select one subject which shall be a practical one in administration and supervision, one in which all classes of the membership will be interested. Upon this subject there shall be a report by the committee and one formal paper, each confined to twenty minutes, after which an effort will be made to secure from each member present, a statement of his views and experiences.

It is believed that such a policy will attract to the association every man and woman who is concerned in administration and supervision of charities and corrections.

An active campaign is to be waged during the year to enlist in the membership all State Boards of Charities, State Boards of Control, Boards of Trustees, and the superintendents, inspectors, visitors and all subordinate grades.

Special effort is to be given to interest poor relief officials and secure their attendance.

Mr. Joseph P. Byers, Commissioner of Charities, of New Jersey was elected president; Mr. Robert W. Kelso, secretary, Massachusetts Board of Charities was elected secretary.

REPORT ON ALTON STATE HOSPITAL SITE INVESTIGATION, TO  
GOVERNOR EDWARD F. DUNNE, BY FRED J. KERN, PRESIDENT  
BOARD OF ADMINISTRATION INTRODUCTORY TO AND PRESENT-  
ING REPORTS OF MAJOR SAMUEL HOF, DR. H. DOUGLAS SINGER  
AND A. L. BOWEN

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SPRINGFIELD, ILL., April 7, 1914

*Honorable Edward F. Dunne, Governor State of Illinois, Springfield, Ill.*

MY DEAR GOVERNOR DUNNE: Pursuant to an investigation relative to the site selected for the proposed Alton State Hospital on account of an explosion which took place at the powder mill of the Equitable Powder Company on March 18, 1914, located on a tract of land adjacent to the property of the State, I have the honor to report to you that on March 26, 1914, the State Board of Administration, accompanied by three experts, viz: Major Samuel Hof, Dr. H. Douglas Singer and Mr. Archibald L. Bowen, visited the site of the Alton State Hospital for the purpose of making a thorough examination of the cause of the previously mentioned explosion, the effect of the shock, the probability of future explosions of greater force and velocity, and the availability of the Alton State Hospital site in spite of the menace of identical or similar accidents recurring in the future.

The examination was conducted in a deliberate, dispassionate and unbiased frame of mind, with the sole end in view of ascertaining the precise and true state of facts involved in the case.

The experts who accompanied the Board of Administration were selected on account of their peculiar fitness to pass on separate and distinct phases in the situation in which they have really specialized and by study and experience fitted themselves for the work.

Major Hof is a West Point graduate connected with the United States Army and stationed at the Rock Island Arsenal. He is an expert on explosives. He has specialized in this line. He has been connected with the United States Army as an officer ever since his graduation at the Military Academy, which took place about twenty years ago. He is a man of exceptional intelligence and fair-mindedness.

Dr. H. Douglas Singer is the director of the Psychopathic Institute of the State of Illinois. He is recognized by the medical profession as an authority in psychology, psychopathy, medicine and surgery. He is a scientific man of the highest standing and attainments. He was selected because of his fitness and competence to pass upon the psychological effect of a possible recurrence of an explosion of the powder mill on the minds of mentally afflicted patients at the hospital or their relatives at home.

Mr. A. L. Bowen is the secretary of the Charities Commission of Illinois. He has been a student of public institutions for many years and is an expert in his line. He is an institution man of the highest caliber and standing. He is a man of sound judgment and good discretion. Besides these qualifications he has the added merit of having the courage of his convictions, entirely void of all fear to express them.

The Board of Administration accompanied by these especially selected experts, carefully went over and surveyed the ground on foot. On this pedestrian journey made across wheat fields, meadows and clover pastures, the powder mill was visited. The actual scene of the explosion was examined. The natural barricades which exist between the site of the powder mill and the proposed building site of the Alton State Hospital, were carefully studied. The distances were measured and the topography of the land surface, including the direction of the depressions and valleys with reference to the proposed site of the hospital carefully considered. A hearing was held in the Rodgers Home, now occupied by the custodian of the Alton State Hospital site in the employ of the State and where the Board of Administration has established a temporary office. At this hearing witnesses were examined. These witnesses consisted of the tenants on the farms of the State's property, who were in their homes at the time when

the explosion occurred and who were competent to testify not only with reference to the force of the shock, but also the damage done to property.

The superintendent and manager of the powder mill, Mr. Olin, stated the facts with reference to the probability or possibility of the menace of explosions of greater violence recurring in the future. The examination was concluded without hearing arguments. Representatives of the commercial bodies of the city of Alton and Representatives in the General Assembly from the senatorial district in which the city of Alton is located, were present and were prepared to dispense eloquence and submit arguments in favor of the State adhering to the Alton State Hospital site. The chairman of the Board of Administration ruled against these arguments and refused to permit them on the ground that the experts selected would be instructed to report separately and to submit written reports over their signatures and it was thought best to permit them to form their own conclusions on the facts presented, uninfluenced and free from all bias or prejudice. These experts were accordingly instructed to prepare at their leisure and after reaching their homes, carefully considered and complete reports expressing their conclusions. These reports I have the honor to herewith present to you. Fortunately the experts coincide in their conclusions. They do not regard the Alton State Hospital site as disabled or disqualified for the purposes intended by the State, that is to say, the establishment of a hospital for the custody and treatment of insane patients.

The largest explosion which could possibly occur at the powder industry, located on property adjoining the State hospital site, would not damage the buildings erected by the State on the ground staked off for the actual site of the hospital. The State ground lying in the immediate neighborhood of the powder industry is exceedingly broken and hilly and would be best adapted for pasturage purposes. The danger of having stock, grazing in the pasture, killed by a prospective explosion which might possibly occur at the powder mill, would be infinitesimal and hardly warranted of anticipation in the light of common sense. It is the consensus of opinion, as either expressed in writing or verbally, of all the members of the Board of Administration, as well as the experts who accompanied the board, that this is the only real danger in the situation. There is no doubt in my mind that the danger of future explosions at the powder mill, either as to the frequency of their occurrence, or their magnitude, will be minimized by steps taken by the company operating the plant and acting from motives of self interest alone.

The company is the biggest sufferer in material loss by long odds from accidents of this character. All are convinced that the last explosion which occurred was the biggest which they are capable of pulling off, were they deliberately prepared to do their worst. It would have done no damage whatever to buildings on the proposed site, had they been erected on the location decided on for the hospital by the Board of Administration.

The views of Major Hof, Mr. Bowen and Dr. Singer express the views of the Board of Administration, and the Board of Administration agree with these men in their statements of the facts of the case and the conclusions which they have reached.

Very respectfully submitted,

FRED J. KERN

*President Board of Administration*

Approved April 8, 1914.

E. F. DUNNE, *Governor*

#### REPORT BY MAJOR HOF

ROCK ISLAND ARSENAL, ROCK ISLAND, ILL., March 30, 1914

*Hon. Fred J. Kern, President Board of Administration, Springfield, Ill.*

SR: 1. I have the honor to report that, pursuant to the telegraphic request of Mr. F. D. Whipp of your board, I visited Alton, Ill., on the 26th instant for the purpose of conferring with the board as to the advisability of locating the State buildings on the property of the State in view of the possible danger arising from the proximity of the adjacent powder works.



2. I deem it proper in the first instance to briefly acquaint the board as to my qualifications in this matter. I am a Major in the U.S. Army. I was graduated from West Point in 1894 and since 1898 have been on duty in the Ordnance Department—that department of the army which has charge of the procurement by manufacture or purchase of all explosives for the army. In the course of my profession I have served nearly three years at the Sandy Hook Proving Ground where all explosives and powders are tested and for about four years I was on duty as inspector of powders at the works of the E. I. DuPont Company near Wilmington, Del.

3. With the members of the board and a number of distinguished citizens of the vicinity, including Mr. Olin, who, I understand, is the manager of the powder works, I visited the State grounds, the proposed site of the building under consideration, the grounds adjacent to the powder mill and the seat of the recent explosion.

4. Mr. Olin pointed out the various buildings on their property and described the processes in the manufacture of their powder. Mr. Olin was very frank and candid and his testimony appeared to be given with the sole idea of enabling the board to reach a just and proper decision of the question. His evidence was heard by all the members of the board and I understand that the substance was made of record. His statement agreed with my view of the matter and I refer to the subject merely to state that I consider his testimony as worthy of the highest credit.

5. The elements of this powder plant which might give rise to serious explosions are the magazines and the two glazing mills.

The powder plant lies in a rather narrow valley surrounded by hills which generally rise to a height of about 75 feet above the general level of the valley. The magazines are located on the farther slope of a hill, which at this point is almost on the line of the State property. The hill acts as a natural barrier between these magazines and the site of the proposed State buildings and the value of this hill is enhanced as a barrier by the thick growth of timber on it. These magazines are approximately one mile from the proposed buildings. The maximum amount of powder in any magazine is 10,000 twenty-five pound kegs or 250,000 pounds.

The powder in these magazines is in exactly the condition as to packing as it is when transported by rail through cities and elsewhere.

The danger of an explosion here is quite remote and if one should occur it is improbable that great damage would result, from the fact of its being packed in metal kegs of twenty-five pounds each. I consider the proposed site of the buildings entirely safe from material damage from this source because of the distance and because of the natural barrier.

6. The two glazing mills are situated on opposite sides of the valley. The one nearest the State's property was the seat of the recent explosion. This is about 4,800 feet from the superintendent's present quarters and about this distance from the site of the proposed buildings.

In each of these mills five glazing barrels are operated at one time. The barrels are about 6 feet long and 6 feet in diameter. They have wooden staves with cast iron heads and are mounted horizontally and rotated by shafting. Each barrel is filled about one-third full and in this condition takes about 2,000 pounds. The barrels are rotated five or six hours and by the friction and heat developed the powder becomes glazed and dried. At the time of the recent explosion five barrels, about 10,000 pounds, were being glazed and the operation was nearly completed, so that the powder was practically dry. The conditions were most favorable for an explosion of maximum violence.

The effect of the recent explosion was undoubtedly as great as any that can occur in the future under present conditions of manufacture.

7. At the recent explosion the only damage to any of the property of the State was the breaking of some windows. The breaking of windows is not generally considered as material damage and it is also not generally considered as due to the shock of the explosion. The blast of an explosion creates a partial vacuum outside a closed building and windows may be broken by the higher pressure of the air within the building. This theory

is corroborated by the fact that the broken glass is commonly found outside the window, and where gun firing or blasting is done it is common to open windows and thus avoid the possibility of damage. Of course, if the glass be weak or be imperfectly secured, as was probably the case in the old buildings under consideration, the effect would be greater than in new buildings of substantial construction.

It is considered improbable that windows would be broken in the proposed hospital by a similar explosion.

8. A committee of powder manufacturers of the United States have compiled all available data showing the distance at which material damage has occurred in explosions of various kinds in the United States and elsewhere. This data is published in the report of the Chief Inspector, Bureau for Safe Transportation of Explosives, for 1911. Colonel Beverly W. Dunn of the U.S. Army is the chief inspector of this bureau, which is maintained by an association of railroads for the purpose of preparing rules for transportation of explosives and the rules thus recommended have been prescribed by the Interstate Commerce Commission. The bureau maintains close touch with all manufacturers of explosives in the United States and the statements in its report may be taken as authoritative.

In this report it is recommended that 890 feet from a place of manufacture of 10,000 pounds of powder be regarded as a safe distance for the erection of an inhabited structure. The records of results of actual damage from fragments from such an explosion shows that it should be expected at only about two-thirds of this distance.

The proposed buildings will be about 4,800 feet from the nearest seat of danger. This is more than five times the distance at which material damage might be expected to occur.

Very respectfully,

SAMUEL HOF

Major, Ordnance Dept., U.S.A.

REPORT OF DR. SINGER

STATE PSYCHOPATHIC INSTITUTE

HOSPITAL ILL., April 3, 1914

*The State Board of Administration, Springfield, Ill.*

GENTLEMEN: I have the honor to report that in accordance with instructions and in the company of the members of your board I visited the site at Alton, Ill., upon which it is proposed to build a new State Hospital. An inspection of the powder mill in the immediate vicinity at which an explosion occurred recently and of the tract of land intervening between the proposed building site and the powder mill was made and testimony was heard from the president of the mill and from persons residing in the immediate neighborhood.

From this evidence it would appear that the conditions prevailing at the time of the recent explosion were the worst for the severity of the shock which could possibly obtain at any time, so that the damage resulting from this accident may be considered as the maximum for any explosions at this mill.

According to the statements of those living near the hospital site the explosion resulted in a feeling of alarm which was, however, momentary and subsided as soon as the nature of the accident was realized. One lady in conversation asserted that she had been unable to sleep during the ensuing night but that the fright has left no more lasting unpleasant effects. None expressed any uneasiness as to the close proximity of the mill, nor did they seem to have any reluctance in continuing to reside in the neighborhood. Indeed it seemed probable that persons living at a greater distance were more alarmed because they were unable immediately to discover the cause of the shock.

The vast majority of the inmates of a Hospital for Insane persons would be much less affected by a sudden shock such as that of a near-by explosion than would sane persons. Some few might be seriously alarmed but this



would be at once allayed by a realization of the nature of the occurrence, provided that there were no danger of physical damage to the buildings or the patients themselves.

With regard to this point I am satisfied, both from the observations made by myself as to the effects of the recent explosion and from the testimony of others, that there is no risk of physical damage to the buildings or patients at the building site selected. The report of Major Hof, Ordnance Dept., U.S.A., and the testimony of Mr. T. W. Olin, president of the Equitable Powder Mill, seem to establish clearly that for explosions involving 10,000 pounds of black powder (which is the maximum amount of explosive liable at any time to be fired at the Equitable Powder Mill) a distance of 890 feet is sufficient for safety. The actual distance of the building site of the proposed State Hospital at Alton is 4,800 feet.

The fact that the State Hospital property adjoins the land on which the mill is situated would render it very advisable that an unclimbable barrier be constructed between the two to prevent patients from entering and interfering with the property of the powder mill. This Mr. Olin promised to erect.

It is thus my judgment that there is no danger of material damage to the State Hospital at the site selected. Furthermore, it is my opinion that the psychological effects of the proximity of the powder mill and of the occasional explosions to be expected there are not such as to acquire the abandonment of the present site.

Respectfully submitted,

H. DOUGLAS SINGER, *Director*

#### REPORT BY A. L. BOWEN

*Hon. Edward F. Dunne, Governor of Illinois, Board of Administration, Springfield, Ill.*

GENTLEMEN: I was invited by you to accompany the Board of Administration, to the site of the Alton State Hospital on March 26, 1914, to study the effects of a recent explosion of a mill of the Equitable Powder Company, located on land adjoining the State's property and to make a report to you of my opinion of the dangers to the patients and property of this institution, by reason of the powder company's mills.

In addition to the members of the board there were present, by its invitation, Major Samuel Hof, Ordnance Department, United States Army, stationed at Rock Island Arsenal, Dr. H. D. Singer, director of the State Psychopathic Institute and a number of the citizens of Alton and vicinity. Mr. T. W. Olin, president of the powder company attended the meetings and discussed the situation, answering all questions in a fair, sincere and frank manner.

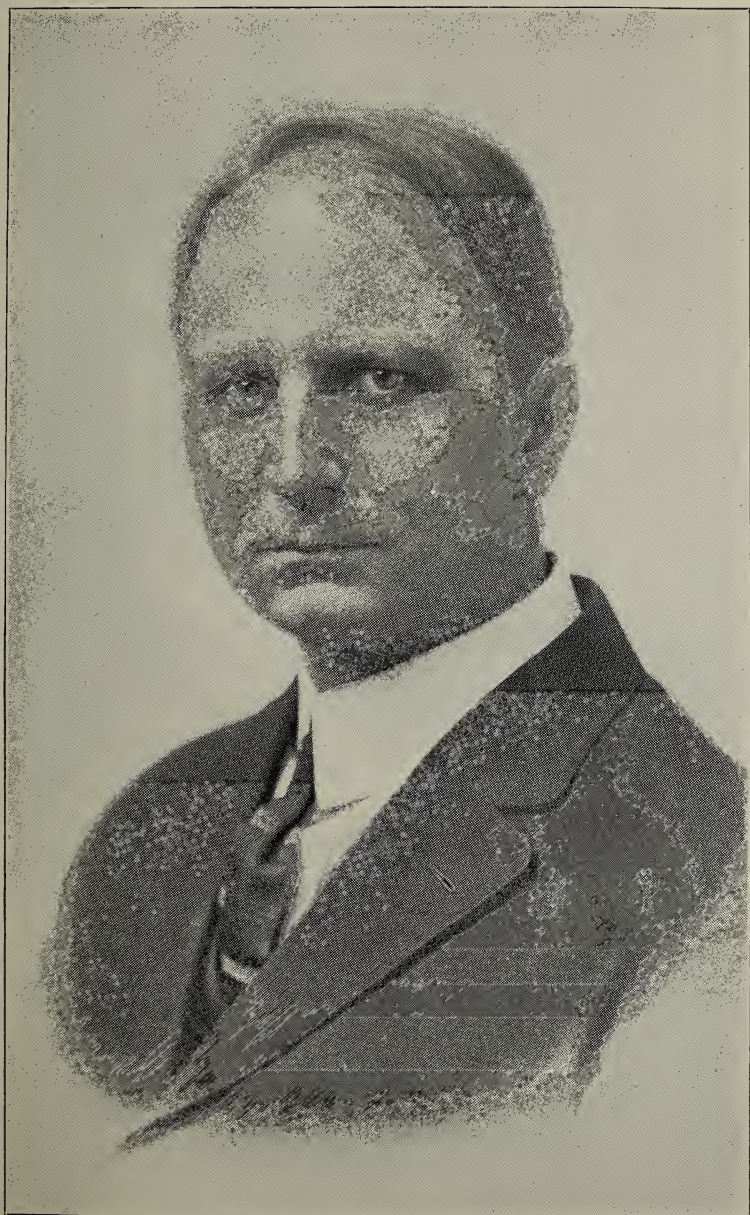
There were two formal meetings of the board with the Alton representatives and Mr. Olin. A careful inspection of the site of the powder mills in their relation to the grounds of the institution was made, special attention being given to the topography of the country, which is of the most vital importance in reaching a judgment in this matter.

As secretary of the meeting, I have prepared formal minutes, one copy of which is attached to this report and another has been filed with the Board of Administration.

Inasmuch as the solution of the problems which have arisen by reason of this explosion must be reached largely upon the topography of the grounds of the hospital and the powder company, it will be necessary to study the blue prints of the elevations and contour which are on file in the office of the Board of Administration.

I shall attempt a brief description of the site of the mills and the hospital grounds.

The powder mills are located on a low, flat piece of ground bounded on three sides by streams. The other side backs up against the broken and irregular lines of the State's property. In a general way this division line



HON. ALBERT HUBER, OF ROCK ISLAND  
Recently Appointed a Member of the State Charities Commission





follows the ridge of the elevation that marks a natural division between the two properties.

The buildings for storage of crude material and power-house of the company are located a quarter of a mile from the nearest point on the division line. The wheel mills, eight in number, where the powder goes through its first processes, are still further from the hospital lines. These are small permanent structures with temporary roofs. While in these mills the powder is more inflammable than explosive and frequent flare ups occur resulting in blowing off the roofs, but doing no other damage.

After the powder leaves these mills, it is taken to the glazing mills, of which there are two, for finishing. It is these mills which embody the danger.

They are not located near each other. One stands out on the open flat about 1,000 feet from the nearest point in the division line and equal distance from the company's power plant. The other, the one which exploded stood in a narrow hollow facing a valley that extends on a rising slope from the hill against which the mill was backed to a distance of 1,000 feet where it reaches the level of the hospital grounds. At right angles to this valley is another called a draw, which also extends in the direction of the State land. The mill was about 250 feet from the division line on the front side and 800 feet on the other.

The way from the mill center to this pocket in the hills is on a slight grade so that the building itself stood about 10 feet higher than the level of the power plant and raw material houses.

The crest of the ridge which divides the two properties is 70 feet above the level of the power-house and crude material warehouses, and the descent is precipitous.

Because of the contour of the land and the location of the glazing mill, the full force of the explosion was exerted in the direction of the rising valley or gully in front.

The hill back of it acted as the breach of a gun.

The air and the flying missiles went into the direction of least resistance. Consequently practically all the debris was found on the State's land in the first gully, and descended on its slopes and on the level land just beyond its head.

There is not much heavy machinery in a glazing mill and it was broken up by the explosion into comparatively small pieces; large numbers of these were found on the State's land. Some of them weighed as much as thirty pounds. Even at this late date, after rains, the surface of the plowed ground shows where these missiles fell and made their furrows. The wood in the building was literally blown into splinters. The one man who was present left little trace of himself; his remains gathered up, weighed only seventeen pounds.

No damage of any kind, it was testified, was done to the buildings of the company. Mr. Olin stated that he could replace all broken lights in farm houses and factories in that neighborhood for \$250 to \$300. No other damage has been reported to him.

We were shown the location of the company's magazines. They are distant from the mills and stand backed against the precipice which divides the State farms from the company's plant.

This precipice is 70 feet high at this point. Mr. Olin declared that magazines to be absolutely safe. There are four of them, each with a capacity of 15,000 kegs of twenty-five pounds, but the maximum in any magazine has never been above 10,000 kegs or 250,000 pounds of powder.

It was his opinion that if an explosion should occur in a magazine, the force would all be exerted in the direction of the plant because of the natural earth barrier behind it.

He explained that when magazines do go off they pop like fire crackers because the powder is kegged so tight.

So much for the location of the mill and the lines of the State property.

What is the danger to the State's proposed buildings and the patients they are to house?

The site chosen for the buildings of this hospital is at its nearest point, 4,800 feet from the site of the mill which exploded. No debris or missiles fell near this part of the State grounds. That land on which they did fall is farm land and will always be under cultivation. No buildings of any kind will be erected near the powder mills.

The farm houses on the State's property, located approximately the same distance from the explosion as the hospital buildings will be, were not injured so far as has been ascertained. A few glass were broken, seven I believe in all, three houses being affected.

According to Mr. Olin's statements this explosion was the worst that could occur, because the capacity of the glazing mill which went up was 12,000 pounds a day, and this amount of powder was in the mill at the hour of the accident, the close of day. He told us that his company desires to rebuild on that site because of its topography. "If," said he, "our engineers can devise a method by which we can divide the capacity of the mill, we will do so, but at the present time this has not been done and our plans are to rebuild with the same capacity on that site. We have no fears, as will be indicated, by our expenditure of \$100,000 in the erection of a new building for our ammunition factory, which is located on the other side of the mill site."

He said further that the plant itself will not be enlarged as it has reached the capacity possible on this site.

Mr. Olin produced the report of an expert Committee of the Explosive Manufacturers of this country, appointed to study the effects of explosions and the distance at which they cause material damage. A copy of this report he submitted and it will be made a part of this report, when copies arrive.

My personal view is that the glazing mill, if rebuilt on the same site and of the same capacity of the same kind of powder—black powder—will not be a menace to either the physical plant or the patients of the State Hospital and would not in itself warrant a change in location of this hospital.

However, I think that Major Hof's report will be the one on which final judgment should be based. His will be the opinion of one capable of passing judgment that can be relied on.

Care will have to be taken, however, to fence the two properties so that paroled or trusty patients can not gain access to the mills. Mr. Olin promised that this company would erect a safe fence extending from river to river, along the line between the two properties.

Respectfully submitted,

A. L. BOWEN

#### MINUTES OF THE MEETING

SITE OF THE ALTON STATE HOSPITAL, ALTON, ILL., March 26, 1914

On this date there was held, on the site of the Alton State Hospital, near the city of Alton, Ill., a meeting of the Board of Administration with various citizens and State officers to discuss the dangers incident to the location of powder mills adjoining the farm lands of the hospital. There were present: Hon. Fred J. Kern, Thomas O'Connor, Dr. George A. Zeller and Frank D. Whipp of the Board of Administration; Dr. H. Douglas Singer, director of the State Psychopathic Institute, Major Samuel Hof, of the Ordnance Department of the United States Army, stationed at Rock Island; A. L. Bowen, executive secretary, State Charities Commission, and the following from Alton and vicinity: Senator Edmond Beall, Dr. W. H. C. Smith, Eben Rogers, Mayor Joseph Faulstich, Representative Ferdinand A. Garesche, William Savage, William F. Josting, John Pfeifferberger, Representative William Dickman and T. W. Olin, president of the Equitable Powder Company.



Mr. Kern called the meeting together at the Rogers' residence of the site of the hospital and asked Mr. Bowen to act as secretary. Mr. Kern explained the object of the meeting, whereupon Mayor Faulstich moved that the party go to the site of the powder mill after which they should return to this place of meeting to discuss the situation.

A visit was made to the Cartwright residence where several window panes were broken by the explosion. From this point the party walked a distance of almost a mile to the crest of a high ridge from which the mills of the Equitable Powder Company could be seen on the flat low land beyond.

In the fresh plowed land the furrows made by the falling missiles could be seen and here and there small pieces of iron were picked up.

The site of the mill which exploded was investigated while Mr. Olin explained the processes which powder undergoes in a glazing mill, such as this one was.

The mill was located in a pocket in the hills. It stood about 10 feet higher than the level of the flat on which the main buildings of the powder company are located. Directly back of it was a precipitous hill and directly in front of it a rising gulley which comes to a head about 800 feet distant on State land.

The division fence between the property of the State and the company crosses this gully parallel with the face of the mill, about 250 feet away. There is a shallow draw at right angles to this gulley which also comes to a head on State land. In this direction, however, the State line is about 800 feet distant.

When the explosion occurred, its force was exerted in the direction of the least resistance. The hill back of the mill acted as the breach of a gun and the missiles and debris shot out in the direction of the gully first described, covering its slopes with fine splinters of wood and small pieces of iron and concrete. The heavier projectiles were carried beyond the head of the gully and dropped in the fresh plowed fields of State property.

The land on which these missiles fell is at the extreme end of the State's property. The site of the mill itself is 4,800 feet from the nearest point of the plat on which the buildings of the hospitals are to be erected. No debris of any kind from this explosion fell in the neighborhood of the proposed hospital buildings.

The nearest missile was probably three quarters of a mile away. The only damage done to buildings on State property was the breaking of seven window panes in three different buildings.

The party returned to the Rogers' home and at two o'clock in the afternoon a formal session was held.

Mr. Kern called upon Mr. Olin for a statement of the effects of the explosion, its causes and the extent and character of the business of his company.

Mr. Olin said that the extent of the damage could be measured by what we had seen. He said that all the damage which had been done by this explosion to property would be repaired by the company at an expense not to exceed \$250.

In answer to a question he said, "We desire to build a new glazing mill of the same capacity on the same site, though it is possible we may be able to divide the capacity into two mills. The capacity of the mill which blew up was 12,000 pounds of black powder a day. The full capacity was on hand at the time of the explosion. The glazing mills, of which there are two on the property, are the only points of danger. We have frequent flare ups and explosions in our wheel mills, but these explosions do no damage because the powder is more inflammable than explosive. Our magazines, as you saw, are located against the ridge which divides the two properties. There are four of these magazines, each of a capacity of 15,000 kegs, of twenty-five pounds of black powder, but the maximum in any one magazine has never exceeded 10,000 kegs.

"There is practically no danger of an explosion in these magazines, and if one should occur, its force would be exerted in the direction of our property because of the natural earth barrier behind it.

"This explosion did no damage to our property. We have no fears of explosions as will be indicated by our expenditure of a \$100,000 on our ammunition factory which is located on the other side of our plant. The capacity of our plant will never be increased because we have reached the limit of our site."

Mr. Olin explained that this was his company's first explosion in a glazing mill in twenty years. He submitted a report of a committee of the American Explosive Manufacturers, appointed to investigate the question of the extent of material damage resulting from powder explosions.

According to the committee's report, based upon several years investigation, in this country and Europe, the zone of material damaged from explosions of 10,000 pounds of black powder, has a radius of 890 feet. This estimate is made on the assumption that the mill stands on level ground without barriers on any side.

Mr. Frank Dingus, care taker of the hospital site, related his experience on the evening of the explosion:

"I was inside the house and felt the quiver and heard the windows shake. A curtain was raised about half way. My wife and sister thought the boiler in the basement had blown up. I saw a cloud of black smoke towards the west and knew what had happened. It was all over in a second. I have examined the building and find no damage. There are a few cracks in the wall paper in the corners which are probably due to the explosion. Two other buildings on the grounds suffered broken window glasses. I think the vibration of the house was greater than that which follows severe thunder and lightning. The chimneys were not damaged."

Mrs. H. H. Hart, who lives in one of the houses on the hospital grounds, testified: "We were scared, of course, by the noise. Three windows in our house were broken. The house shook. I have seen no damage. At first I thought some one had shot through the house. Our house is the nearest to the mill. I slept all right that night and have thought nothing more about it. I am satisfied to live in this neighborhood."

William Dorhblaser lives in the Cartwright house which is located on State property, about 4,800 feet from the exploded mill. He said: "I was standing close to the south wall of the kitchen. I heard the blast which was followed by breaking glass. I thought at once of the powder mill. I have found two lights broken but no other damage. For a second it threw me off my balance but did not knock me down. It made the women folks nervous, the little girl especially so.

A few windows in the workshop were broken. I could not say how the fence in front of the mill came to be down. I do not know whether it was blown down or whether it was thrown down to prevent its burning. One night last fall there were five explosions. I heard them but no damage was done. They sounded like rock blasting, and shook the house a little. All the castings thrown up by the explosion were found on the hillsides in the gully in front of the mill. If the people around here have any fear of the powder mill I have never heard of it. The people rather like it because it employs many men."

Dr. W. H. C. Smith who has long been known as an expert in epilepsy and feeble-mindedness said that his institution is located about five miles distant, and it was his opinion that patients in the State hospital would experience no evil psychological effects on account of the proximity of the powder mills.

Plats of the building of the powder company and of the topography of the lands owned by the State and the company were exhibited and the distance between material points was estimated.

Major Hof asked a number of questions and was then instructed by Mr. Kern to prepare and submit a report.

Dr. Zeller suggested that there might be danger on account of paroled and trusty patients whose disposition it is to roam about. He said that unless the boundary line was thoroughly protected and guarded, such patients might wander into the powder mill with a lighted pipe or matches.



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MAP OF  
ALTON STATE HOSPITAL SITE

PT. 3 SEC. 458 & 9 T. 5 N. R. 3 W.

COMPILED & DRAWN BY WM. ZIEMERT ENGR  
SCALE 100 TO 1"



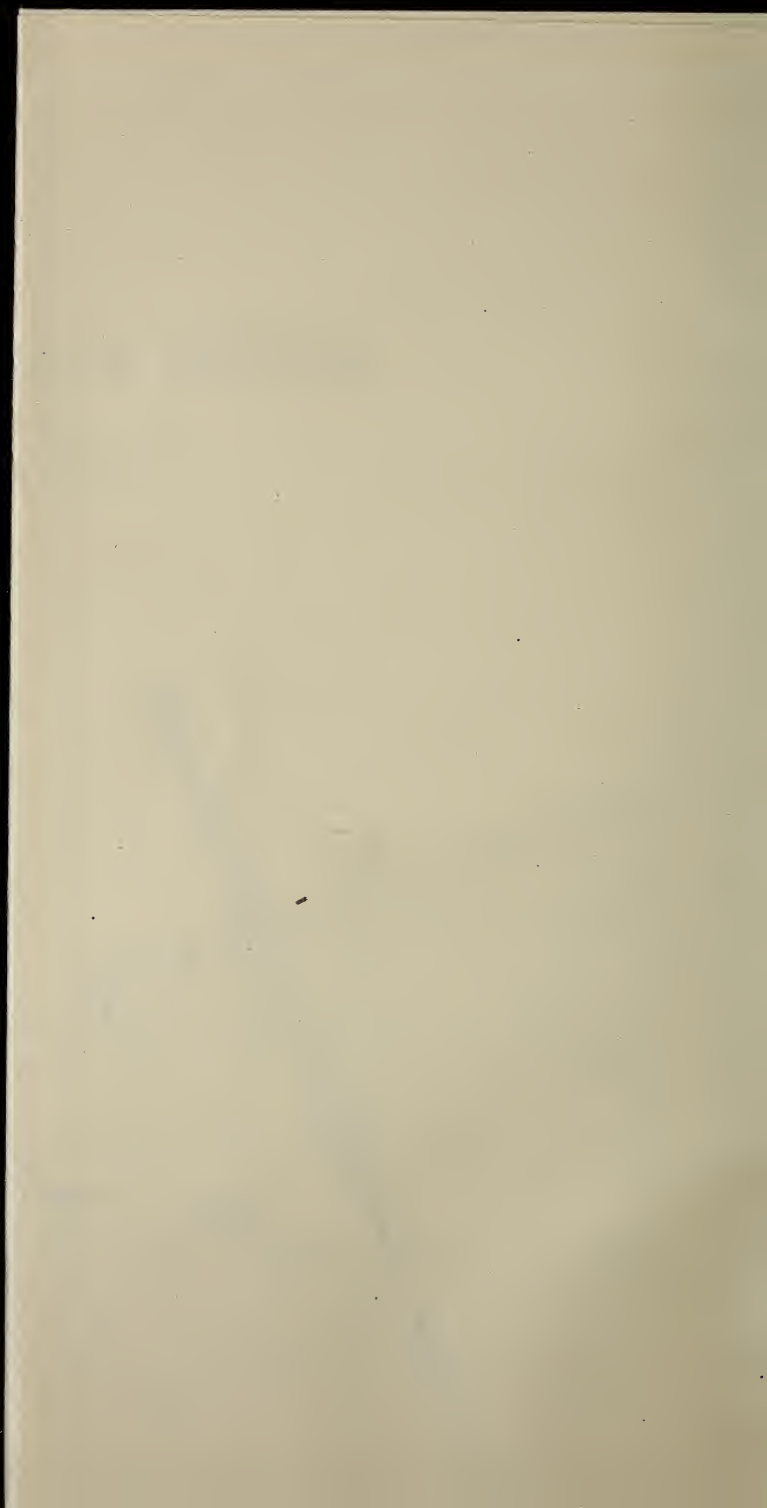
MAP OF  
ALTON STATE HOSPITAL SITE

SEC. 9 SURVEY 14, CLAIM 753, T. 5 N. R. 3 W.

COMPILED & DRAWN BY WM. ZIEMERT BELLEVILLE ILL.

SCALE 100 TO 1"





Mr. Olin said that he believed this could be prevented by the erection of a proper kind of a division fence. He said his company would be willing to put up such fence, extending along the division line from stream to stream. "We are interested," he said, "as much as you are in protecting your own property and in keeping intruders out."

Respectfully submitted,

A. L. BOWEN, *Secretary*

A REPORT TO HON. EDWARD F. DUNNE, GOVERNOR OF ILLINOIS,  
BY A. L. BOWEN, EXECUTIVE SECRETARY, STATE CHARITIES  
COMMISSION, OF A TRIP OF INSPECTION MADE BY HIM TO CER-  
TAIN PUBLIC AND PRIVATE CHARITABLE INSTITUTIONS IN  
OTHER STATES, DURING FEBRUARY AND MARCH, 1914

March 20, 1914

*Hon. Edward F. Dunne, Governor of Illinois, Springfield.*

SIR: In the following pages I have tried to write an account of what I saw, heard and learned on a trip to New York and Massachusetts, Maryland, Washington, D.C., Ohio and Indiana, to visit state and private institutions of a charitable character and to study the methods of State Boards of Charity.

Authority for this trip was granted by you, under date of January 24, 1914. I accompanied Mr. Fred J. Kern, Dr. George A. Zeller, of the Board of Administration, and James B. Dibelka, State Architect, from February 9 to February 20, after which date I continued alone for two weeks, returning to Springfield on the night of March 6, 1914.

This narrative I have written in the first person, because it contains what I myself saw and heard and expresses only my very own personal conclusions and judgments.

FIVE PARTS IN REPORT

I divide it into five parts:

*First*—The tendencies in the east as to planning and construction of hospitals and wards for insane patients.

*Second*—The service afforded them and its methods of care and treatment of the insane.

*Third*—Miscellaneous facts relating to State hospital administration and supervision.

*Fourth*—Children's institutions and epileptic colonies.

*Fifth*—Detailed account of each institution visited.

THE TENDENCIES IN PLANS AND CONSTRUCTION

*First*—The tendencies of the time are marked in the direction of simplicity of style and construction and from the city towards the open country, and from the congregate to the colony method of housing.

In all kinds of institutions, whether for children insane or epileptic, these movements are general and too plain to be overlooked or underestimated.

The next objective is normal environment. Whether for insane, children or epileptic the effort is all directed towards giving them the same environment that they have either been used to or that they should have in a free existence.

Thus, the new institutions and the additions to the old are all on the cottage plan; the very purest type of cottage plan, I might say.

The exteriors of these cottages depend entirely upon symmetrical lines for their architectural beauty. Adornment of every kind and effort to attain architectural effects have been abandoned.

In line with the policy of normality in environment, small capacity is the rule. Indeed, the latest ideas are found in one story frame cottages, just such as the average man and woman lives in. You find their windows consisting of two, single pane sash, minus screens and bars.

The doors are without heavy locks and the inside of the door has a knob just like the outside. Patients are not huddled two and three in a single room and dormitories afford free space between beds.

The modern plan subdivides an institution into colonies, each of which is a unit with its general dining-room, a central kitchen serving several colonies. The colonies are located a distance apart, in some cases as great as a mile. The cottages in each colony follow a general style, both on exterior and interior.

The grounds about each colony are developed to correspond with the buildings and the topography of the site. Attention is given to formal and old fashioned gardening, but nothing elaborate is attempted; only the simple beauties of nature are sought.

These one story cottages, of which I saw a large number, are considered by superintendents to be ideal. It has been difficult to overcome the belief that two story cottages are cheaper to build than one story; capacity being equal. Superintendents who have studied the question are of the opinion in many cases that this is an error and that in the long run the one story cottage is the cheaper.

Many contend it is the ideal for a chronic service, but none would go over two stories.

I did not find a superintendent or a member of a board of trustees or board of charities who favored anything but the cottage plan. Some were not so favorable to the colony scheme, but those who have it in its clearest expression declared it to be the best.

The prevailing plan makes the administration building distinctly an office building, with the reception ward for each sex on the right and left with covered connections. The reception wards are generally two stories. The administration building is two or even three stories high. These are fire proof.

Hospitals for physical sick are either in duplicate for each sex or the same building is used for both. There is not much choice. Such a building should be fire proof and two stories high. These, with the staff houses and homes for attendants, may form the front or architectural feature of the institution.

The tuberculosis patients are segregated in practically all these institutions. The pavilions erected for them are of frame or frame and plaster. Plans Illinois has adopted, I believe, are better than any I saw in the east.

At the Gardner State Colony for Insane, Gardner, Mass., the Templeton Colony for Feeble Minded, Waverly, Mass., and Vineland, N. J., School for Feeble Minded, none of which I saw, because of the weather conditions which prevented quick travel, the idea of frame one story cottages has been developed on the largest scale. I talked with those who are thoroughly familiar with each and learned that they have been successful to a degree surpassing the best hopes.

In general it may be said that this simple home-like construction, where the patient finds things just about as he left them in his own home, is in favor and the problems the eastern authorities and architects are working out is how to produce these effects in the fullest measure.

I was deeply impressed with all I saw and heard on this subject and believe that we, in our new institutions should adopt these ideas and work them into our plans to the very greatest degree possible.

It is apparent that they have established as reasonable, that they have been tried long enough to warrant conclusions and that the judgment that they are a success is fully warranted by the facts.

It is true I saw many forms of the congregate system. But it must be remembered that these institutions are very old and the first buildings erected are too good to be abandoned or torn down. They have been connected up in some instances, where it is possible, by means of arcades or covered pavilions and these used to good advantage, but no superintendent or state board would sanction the erection of new buildings on this plan, and it is significant that none of the states I visited is adopting it.

The medical and scientific side of insane hospital work is receiving more attention than we have been giving it in the west and provision in new plans is made always with this in view.

The Boston and New York Psychopathic Institutes are doing a great work in research and it is noticeable that they are not devoting all their time and study to medicine and science, but are giving the practical problems of every day hospital administration consideration which is of the highest importance. These institutions are also equipped to give social service and have in connection the out-patient and after-care departments from which much is expected in the future.

The facilities which these institutes afford the student in medicine are striking demonstrations of the new movement in psychiatry. The best medical schools are requiring practical, adequate courses in psychiatry as a requisite to graduation and license to practice. These students are getting their psychiatry at a source which equips them with the highest and best knowledge.

Much private money has been invested in this line. Henry Phipps, for instance, expended \$800,000 in the erection and equipment of the Phipps Psychiatric Clinic in Baltimore. The private institutions for mental cases, of which there are many in the east, which have accumulated large endowments and much property have gone extensively into this investigation and dissemination of knowledge concerning mental and nervous diseases.

In Illinois the proper foundation has been laid at Kanakee, where the State Psychopathic Institute is located. That there is a fertile field for such institutes and that they can be made of practical economic value to the State has been fully proven by recent developments and investments, both public and private, throughout the east.

In some matters of detail you may be interested. The central dining-room is much in favor. Here again is shown the prevailing sentiment against tradition. When the first general dining-room was suggested it was opposed on the ground that the patients could not go out in inclement weather. This has been completely dispelled and we have returned to the normal conditions of life. Every-one, whether sane or insane, braves the weather to go to and from his meals. The insane who are physically fit should not be coddled by means of covered passage-ways or tunnels. They have all been used to the weather. Why should there be a difference in a State hospital? So the general dining-room has come to stay. It is unnecessary to recount its advantages.

General bath houses with liberal use of the shower and spray bath are likewise popular. They insure all the patients decent baths. It is impossible to bathe two or more patients in the same water. The old custom of bathing seventy patients in one tub between 9:00 and 11:00 each Friday morning has been effectually broken up by the general bath house, where a member of the staff may be present to inspect the bathing of from fifty to seventy people at one time.

Metal ceilings were found in many institutions. Aluminum cookers were also noted frequently. Slate is used generally in stairways.

Residences for the superintendent, houses for the members of the staff and homes for employees are included in every plan for a complete institution.

Throughout the east, superintendents, medical officers and certain of the civil employees appear in regulation army uniforms. I do not like it. It imparts to the institution too much of the air of the military and of strict discipline which is one of the old features of hospital life from which we are trying to escape.

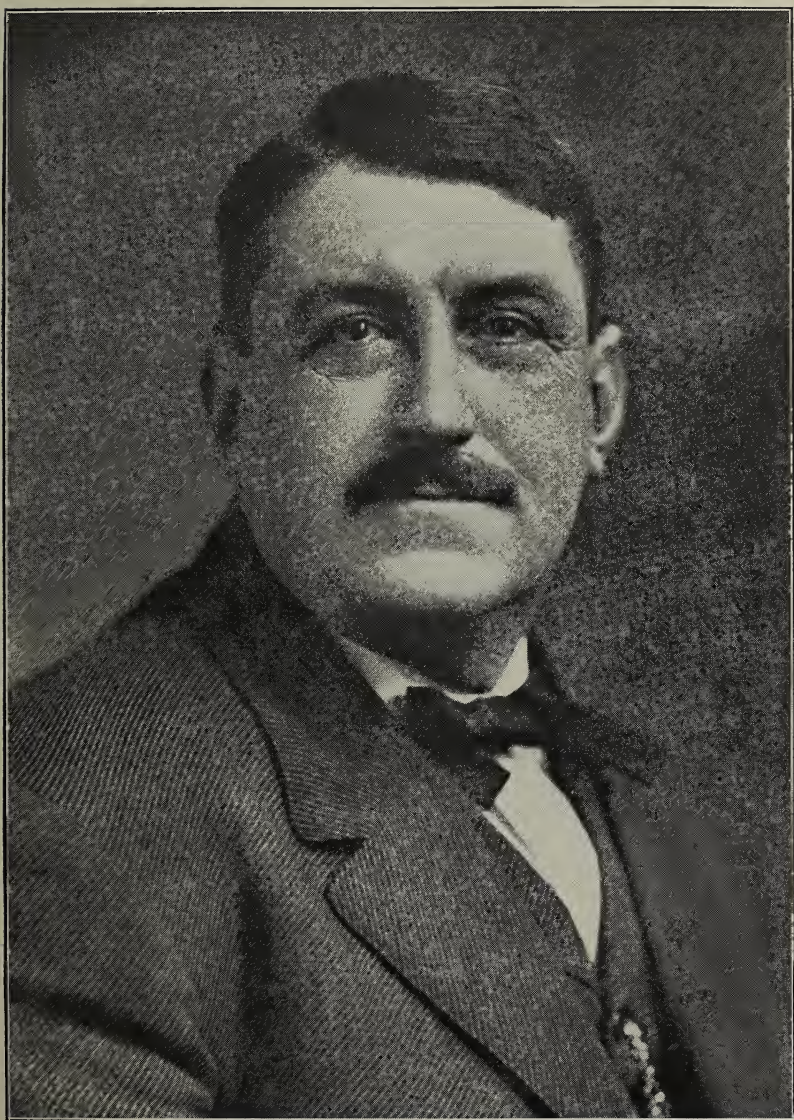
The power houses are not so well equipped as ours. The hand fired boiler is found everywhere. The Fitzgibbon boiler is in use in some states but New York is abandoning it, according to the chairman of the Hospitals Commission, in favor of the water tube type.

#### SERVICE, CARE AND TREATMENT

*Second*—I want to contrast the service, care and treatment given in the eastern hospitals for insane with that in our own State. In my opinion we are behind in several respects.

Our hospitals appear to be very much more crowded. The New York and Massachusetts officials will tell you their institutions are overcrowded,





HON. JOHN M. RAPP, OF FAIRFIELD

One of the members of the State Charities Commission, who recently resigned to become Internal Revenue Collector for the East St. Louis district.



but it is apparent that if that be true, their minimum standards of housing are higher than ours.

I saw nothing that approached such conditions as are found today in certain wards in our State hospitals. Especially is the contrast striking in the wards for ditsurbed, untidy and violent classes. I made special effort to see how these classes are treated in the east, but I saw nothing like many of the sights one may see in Chicago, Kankakee or other Illinois hospitals for insane.

No matter what the style of building or its age, there was order, decency, quiet and wholesomeness to an extent that surprised me, though I have from the very beginning of my service contended that our methods and service certainly did not represent all that could be done for these unfortunates.

The revelations of this trip have shown me that I was right in this belief.

I heard a great deal about the "contagion of excitement." Superintendents and staffs have not only recognized that there is such a contagion but they have provided against it in two ways; first, by granting to the excited, demonstrative and violent patients, plenty of elbow room; second, by removing from his sight and presence everything that will challenge his opposition and delusions.

With ample room on all such wards the patients do not come into close contact and conflicts are avoided by this very simple means. Such a ward is in some cases provided with folding or collapsible doors which may be used to divide it into two or three rooms, so that the various states of disturbance may be separated from time to time, as occasion demands.

The predominating theory in these institutions is normal environment, as I have explained in the foregoing. On such wards as I am writing of, an effort is made to give the patient the surroundings he would find in the average home. Hence, experiments are being made in reducing the number of screens and bars; doors are not so closely locked; there are pictures and mirrors on the walls; rugs on the floors; furniture and flowers; cloth, knives, forks and spoons and white chinaware on the tables.

"Anything that is unnatural in his presence, or tends to restrain the patient's liberty or his exercise, becomes to him a challenge," said an official. "And it is our policy to prevent excitement rather than to control it after it has been stimulated by any one or more of many extraneous causes."

Green houses, it appears, are not built in the east to furnish flowers and shrubs for the lawns in the spring and summer. Their mission seems to be to enliven and make cheerful the wards and cottages where patients live. Profuse floral decorations prevail all through these eastern hospitals. Even the dining tables are not omitted in the generous distribution and thousands of plants are grown and cared for on the wards by patients.

I have been consistently and continuously opposing our system of cooking raw foods and distributing and serving meals. Our plan consists in cooking a meal too long before it is to be served, distributing it in bulk to the wards and cottages where it is divided and placed on the tables, after which, in due time, the patients are admitted to a lot of cold unpalatable food.

At one of the largest hospitals in the world, I saw patients ushered into their dining-rooms and seated at small tables, after which their meals were served to them hot by patient-waiters, under the supervision of civil employees. It appeared to be just as easy as our way.

Such a service can be inaugurated in our hospitals without additional expense, but it will require time and attention by the higher employees and a complete elimination of an ancient tradition, which, like many others to which we are clinging, should be smashed and swept from our State hospitals.

These eastern hospitals are finding it possible to place cloths on the tables of all types of patients. They are also furnished with knives, forks and spoons. There is a pot of flowers on each table and the requisite amount of glassware. No aluminum, granite or tinplate or cup is used.



I would not be understood as belittling the progress we have made in recent years in Illinois along these lines, but what I saw on this trip showed me we have not reached the limits of possibilities of improvement—in fact they show that among certain types we have hardly begun to do the possible things.

The eastern patient is better clothed. Clothing is made up from a greater variety of patterns and styles. It fits better and makes the patient a much more presentable person. It is made by the patients themselves in the institution to individual measurements. The material is probably no better than that in Illinois and patients are just as warmly clothed here as there, but the personal appearance is a matter of very great importance. Our laws should be changed so that the patients of our State hospitals could make their own clothing and shoes. The product would be, I believe, much more satisfactory, but essentially the work is needed for the good of the patient.

Re-education and re-occupational training form one of the strong features of hospital care in these states. More is being done along these lines than here in the western states. For instance, a hospital of 5,000 patients makes all its shoes and does all its cobbling and leather work. In Illinois our hospitals buy shoes from the prisons and reformatories.

Gardening and farming is much more intense. Land is not so rich and productive but it is made to yield a maximum harvest. There is close cooperation between the charitable institutions and the State Colleges of Agriculture and the various national conservation movements. So much so that in tree planting or reforestation, these public institutions are giving assistance by planting and cultivating their own lands. Patients are employed by the hundreds in this healthful, pacifying occupation.

Absence of restraint is marked. The open door is becoming more and more general. Superintendents are agreed that we have not reached the end of our possibilities in this direction. The only obstacle is the lack of employees of the right temperament and requisite training and experience.

The spirit of a hospital descends from superintendent and staff downward to the other grades. When the spirit is right and the determination is made to carry out its dictates, the subordinate classes will respond. It is because the humane, wholesome, liberal spirit of non-restraint has possessed those higher up that it has been possible to imbue those lower down with it and thereby make effective this general application of these policies. Our difficulty in Illinois seems to be to get those higher up in the service truly converted to the non-restraint idea.

Consideration for the insane is further shown in the many improvements in toilet facilities. The most difficult class of patients to handle and the most harrowing to look upon are the untidy. The greatest single contributor to untidiness is inadequate toilet facilities. A ward of sixty patients arise in the morning. All sixty rush to the toilet. There are two or three stools and the same number of wash bowls. There result fighting and dissension, the effects of which continue through the day. Out of pure meanness or irritability, or lack of shame or loss of control, these patients soon begin to neglect the properties and in an incredibly short time, stimulated and encouraged by this cramped condition in the toilet rooms, a class of untidy, filthy patients develop.

The new buildings in the east, no matter what their form or character, now make provision against this. One stool and one wash bowl to every five patients is considered a minimum ratio. Many superintendents would even increase these facilities. The toilet rooms themselves are large so that in the early hours of the day there may not be that crowding which develops disturbance and temper.

At one of the largest hospitals I found the officials discarding radiator covers. "We have taken off \$20,000 worth in the last year," said the assistant superintendent. "You will notice them in our formal gardens, where we have used them as supports for vines and flowers."

In Illinois we are spending thousands of dollars in covering radiators. The chief reason given for abandoning them is that they do not belong in



a natural place of residence, are dirt collectors and as many burns occur with as without them. In the newer buildings radiation is being elevated.

On this subject of care and treatment I must call your attention to the humane manner in which patients are transported from the initial place of detention to the State hospital. You will find this in detail under the head of Central Islip State Hospital on page 52 of this report.

The barbarous methods of commitment and transportation in Illinois stand out even more horrifying when contrasted with those that prevail in the metropolitan districts of New York. I understand the methods in this particular are not so good in the up State and rural communities, but what has been accomplished in the great centers shows what can be had and ought to be done everywhere, particularly in Chicago.

Hydrotherapy continues to be in favor. Electrotherapy is coming into practice. In one large hospital a very extensive outfit has been installed and a specialist employed to operate it.

Amusements are of the same general character as those provided in Illinois, but there are more of them. The amusement hall is indispensable on the grounds of any hospital for the insane.

Improvements in the system of records were noted and have been explained in detail later.

Naturally one asks the question why is the service better in these institutions than in ours and how much more does it cost. One must theorize in answering the first question.

The per capita cost is somewhat higher than in Illinois. That is one point.

I think the rich private institutions, such as Bloomingdale, have developed ideals of care and treatment which the eastern state hospital authorities have been forced to approximate, so far as funds will permit.

In the second place, there has been continuity in the service for many years. Superintendents, members of staffs and members of state boards and local boards of trustees in many cases, have served for long periods.

The superintendency of a state hospital has become a distinct profession, recognized as such everywhere. Those who have reached these positions have devoted their life to a definite service where the opportunities for achievement are so clearly recognizable. Superintendents who have served for twenty or more years are frequent and enjoy national reputation. I think this one fact has had more to do with elevating the tone and the quality of the service in these institutions than any other one element.

Policies have been clearly defined and superintendents have been able to carry them out and the lower service has been kept in close touch with the predominant spirit. Under such conditions old traditions have been crumbling.

Men were found not only in the highest positions, but all through the service who know all the details of institution administration by experience and training. They are not forced to accept traditional practices because they know nothing else to depend upon, nor have they been guided by preconceived notions of what should be and what should not be.

A noticeable thing was the general knowledge of hospital management, including business details, possessed by members of medical staffs.

Institutional tradition and the preconception of most men is that the dementia praecox is bound to deteriorate and become an untidy, filthy, demented animal that must be dressed in a suit of white, blue or brown canvas, designed on the simple lines of a gunny sack. It is because of this tradition that we find in our hospitals whole wards of such patients housed under conditions that make humanity blush with mortification and shame.

Private and state hospitals in the east that are up to date have discarded this idea. The dementia praecox tends to this deterioration, it is true, but it is not necessary to permit him to go that way. So individual attention is given to him. He is put to work. He is supported by re-education, by treatment, by instruction, by investigation into his subconsciousness by psychologists.

Not a minute of his day is permitted to be idle. It is not hoped to cure him, but it has been demonstrated beyond a question of doubt that his deterioration may be retarded, if not absolutely, checked, for a long time and he is prevented from falling into that animalism which is so distressing.

I have never believed that it was necessary for men and women to descend to such depths. My belief has been sustained by what I actually saw in New York and Massachusetts but changes and reforms here at home can not be brought about in this particular by a single sudden step. The state boards and the superintendents and the members of the medical staffs must work together. They must outline a definite policy and go to work on a new theory as to these unhappy people. Those we have are made product. Some good can be accomplished among them, if the proper effort is made. We have had here and there demonstrations of this fact in the last few years, and can not deny that it can be done. But for our new patients there should be a new policy, a new attitude and a new spirit.

For the dementing, deteriorating and the disturbed and violent classes there is greater hope than has been held out to them in our State. From an economic standpoint, if we accept so narrow a view, the net gain in the reduction of cost of care will pay for all the extra time and effort that may be necessary to keep these patients up.

Another fine thing I saw in the way of detail, are the partitions between beds in the wards for physical sick and between the stools and urinals in the toilet-rooms. What can break down quicker the finer instincts of men and women, already weakened and disposed to deterioration, than the brazen exposures which are forced upon them in the old style toilet-rooms which prevail in nearly every ward in the middle west. The partitions which have been put in are of metal and form stalls. The support is an iron pipe bent into a quadrant, one end fastened to the floor, the other to the wall. Strong sheet metal or boiler plate serves as the partition.

Among small things, I saw nothing that costs so little yet contributes so much to the sustaining of self-respect among men and women.

#### MISCELLANEOUS FACTS AND INFORMATION

*Third*—Salaries and wages throughout the east, grade for grade, correspond with those paid in Illinois. Hospitals are larger than we have in Illinois. Three that I visited have 5,000 patients each and the superintendents, of course, receive higher salaries than are paid in this State.

Medical officers in some grades are no better paid. Possibly in the highest grade they receive more.

Staffs are somewhat larger in proportion to the population served. Internes are secured by paying them salary. They usually begin at \$1,000 per year. Not as much difficulty, I take it, is encountered in getting them as we experience.

It is just as hard to get attendants in the east as it is in the west. To provide such employees with good homes is an established policy already well advanced. Civil service or something that corresponds with it prevails.

Institutions of all kinds are very free from political influences. Sentiment in favor of the board of control methods of administering groups of institutions is growing.

The State Board of Charities continues to be regarded as necessary. There is a disposition to pile upon it administration duties and its functions are being extended more and more certainly into the realms of private charities and social endeavor.

Inspectionism is becoming an evil. The service, especially in New York, is overrun with inspectors. There appears to be an inspector for everything. Superintendents complain that their time is taken up with inspectors from the central boards or authorities.

The alien insane are a problem, especially in New York, where it is estimated the state is caring for 9,000. Governor Glynn has appealed to Congress for federal aid on the ground that the alien insane should not be a burden for one state to carry.

In my visits with other boards of charities I found our methods very similar to theirs. The duties vary considerably. The institutions under the supervision of state boards are not always of the same character. In New York and Massachusetts, for instance, the boards of charities do not inspect the state hospitals for insane.

#### AN EXPERIMENT WITH VAGRANTS

At Washington, D. C., I heard of an experiment that has created interest throughout the country. Lack of time prevented my seeing it. It is a colony for vagrants and misdemeanants, established by the District of Columbia at Occoquan, about twenty miles from Washington in Virginia.

The experiment is too young to say that it is a success. A tract of 1,100 acres of land was secured. Those sentenced to it have developed it themselves. The barracks are mere shacks which they have erected out of lumber cut from the timber on the farm. The only permanent thing is the power plant which furnishes light and heat.

The women and men are separated by a mile or more. There are no screens or bars and practically no means of restraint, though a block of twelve cells has been built for disciplinary purposes. If any one walks away he is quickly retaken, because he has not the means and energy to go far.

Brick making has been developed to a capacity of 40,000 a day with an ultimate capacity of 15,000,000 a year. The income from the complete plant will be about \$150,000 a year.

Gardening and farming on intensive basis forms another means of occupation. Cement and concrete is still another. A stone crushing plant to prepare stone for roads and park drives is in operation. The revenue from this will reach \$35,000 a year, the stone being delivered to Washington on barges at cost.

Experiments with alfalfa have been promising of good results. The ground is being prepared for orchard and fruits on a large scale. Fifteen hundred apple trees and 5,000 grape vines are among the first to be planted.

The farm has sixty head of horses and a new modern dairy barn for thirty cows.

The capacity of the farm at present is about 150 women and from 500 to 700 men. The report of the superintendent gives some interesting information regarding ages and social conditions of those sentenced to it. He concludes from 3,500 inmates that sexuality, gaming and drink were the three dominating influences which sent men and women to this farm during 1912.

He favors sentencing the chronic tramp to the farm for an indeterminate term instead of resentencing him many times a year to fifteen days each. As the result of his inquiries he asks the government to change the commitment laws so that prisoners may be sent up for not less than thirty days nor more than two years, the time of release to be determined by the district commissioners and, second, that before the man is released on parole, a position good for at least six months be provided for him. This certainly appeals to one's sense of humane treatment. The superintendent says:

"No greater injustice can be meted out to an individual who is 'down and out' than to give him a short sentence of fifteen or thirty days, at the end of which time he is discharged, with no money, with a suit of clothes that 50 per cent of the time is a disgrace to him and a detriment in his efforts in procuring a job with no opportunity in view, and with no friends to assist him. Such treatment only means for the individual another sentence on the same old charge of vagrancy."

A very remarkable revelation of these statistics is the smaller number of blacks than whites committed above the age of fifty. The number was 391 whites above that age and only 200 blacks. Between sixteen and thirty years the farm received, during the year, 350 white males and 1,313 blacks. Of the same ages there were 30 white females and 664 black females, or a total of 2,274 of reformatory ages, who, according to this superintendent,



should have been sent to a strictly reformatory institution and not to such a farm as this. The total reception for the year was 4,618 of both colors and sexes.

The superintendent says that the time is surely approaching when the farm will be self supporting. He makes a plea for a large allotment of funds for the support of families of prisoners sent to it. Already much is being done in this direction.

The per capita cost of maintenance per day, during 1912, is given in the report at 63 cents. The total maintenance and new construction for the year cost \$152,516.

Estimating the inmate's labor at \$1 per day and counting in the sales of the various departments, the total credit to the farm was \$103,098.

The report says:

"In view of the fact that it cost more than \$100,000 a year to keep the prison population in idleness in Washington, this report makes a splendid showing for the new plan of operation."

I go into this extensively because of the movement in this State for better methods of handling this class of prisoners. Indiana has already established a farm colony for vagrants and the petty county jail population.

#### INSTITUTIONS FOR CHILDREN AND EPILEPTICS

*Fourth*—I spent considerable time in institutions for children and visited two state colonies for epileptics, one being the first established in this country and the other the last. I respectfully refer you to the chapters in the following pages which are devoted to these two institutions, thereby saving repetition.

I can say in a general way that simple cottages of small capacity arranged in colonies, each colony being distant from all others and housing a particular type of epileptic, is the plan accepted now as the best. It is being developed at New Castle, Ind., and at Letchworth Village in New York, where \$3,000,000 are being expended on the second colony in that state.

At New Castle all but one of the houses is one story. The remaining to be erected will be of one story type. Each colony is remote from all others. The sexes will be separated by a wide valley nearly a mile in extent.

I have been cautioned against considering the epileptic colony as a medical problem. It must be treated as purely educational. Here as in the case of dementia praecox and other dementing types of insane, the effort must be expended to support the patients and keep them from continuing on the downward road. Occupation, therefore, for body and mind, must be provided under the most intelligent direction and supervision; otherwise the colony will soon degenerate into a mass of helpless humanity whose state is worse than that of any class among the insane.

Among the children's institutions, I find the greatest advance has been made by private organizations, some of which have accumulated considerable money through long years of solicitation and profitable investments. These have either moved from the city, where they occupied the old style orphanage barracks or are preparing to do so.

The most notable illustrations of what private institutions are doing for dependent and delinquent children are found at the Children's Village at Dobbs Ferry, Lincoln Agricultural School at Lincolndale and the Hebrew Sheltering Guardian Society at Pleasantville, N. Y.

All are new. Formerly they were housed down in New York City. The first one is for Protestant boys, the second for Catholic boys who are to be placed on farms, and the third for Jewish children.

At all three of these the orphanage taint has been removed. Natural home conditions and environment have been secured in a high degree and work of an exceptional character in education, book, manual and vocational, is in progress. The population of cottages have been limited to a small number, sixteen to twenty. There are training schools for matrons and house fathers. The school instructors are college men and women. The shops are splendidly equipped. Back of these schools are men and women



of the most prominent walks of life who are giving to them intelligent attention and a large portion of their time.

Both in construction of plant, administration, supervision, placing out and all else that goes to make a modern children's institution, these three stand in the lead. There are others equally deserving of praise but these are typical.

I have described them in detail on other pages of this report. Let me call your attention, however, to the three essentials which are emphasized in these schools. First, there is the home life and the religious spirit. Second, there is the hospital which is the laboratory where the physical being is remade and, third, the schooling in books, trades and occupations.

No life is complete without these three. All else is subordinated to them. The hospital service at the Jewish school is conceded to be the best. The children are weighed each week. Those who show loss are at once dispatched to the hospital for examination and special treatment. Eyes, ear, nose and throat, one or more of which are found defective or diseased in so many of these children, are especially examined. In a healthy, strong, vigorous body, the course of instruction, both secular and religious, is begun.

It was an inspiration to be in these schools. There is a wholesomeness of spirit among officers and children that takes hold of you at once. Most commendable is the tolerance and the mutual respect each has for the others. They are friends and neighbors in the true sense of the word and you find each speaking in commendation of the work of the other. The good Brother Barnabas, at Lincolndale, prevailed upon me to remain in New York another day that I might see Dr. Bernstein's school. "For," said Brother Barnabas, "they are doing there more than at any other place I know of and you should not return to Illinois without visiting it."

## BUFFALO STATE HOSPITAL

BUFFALO STATE HOSPITAL, BUFFALO, N. Y., February 11, 1914

This is one of the old hospitals of New York State. Since its location the city of Buffalo has extended and surrounded its grounds. On one side is located a large public park in which has been erected a magnificent art gallery, privately endowed. On the other side are the grounds of the Pan-American Exposition, in which permanent memorials and buildings have been built.

The lawns of the hospital itself have been landscaped after plans drawn by Frederick Law Olmstead. The buildings were erected with a view to architectural adornment and the institution and its grounds, therefore, form a part of the civic beautification scheme of Buffalo.

The hospital houses 2,000 patients, practically all of whom live in one congregate structure, a portion of which is only one story high, and the rest only two.

The reception service is located in a more modern building. There are three general kitchens, with dining-rooms on the wards. There is a house for the employes of each sex; a pavilion for tubercular patients and a very complete set of service buildings.

The service, so far as it relates to the patients, is extraordinary. While the superintendent tells me that the hospital is overcrowded, it appears to me to be very sparsely populated, compared with our institutions.

The wards are all arranged with the dayrooms facing the lawn. The single-rooms and dormitories face the rear of the institution, consequently the dayrooms are very bright and cheerful. They are profusely furnished with pictures and potted plants. There is scarcely any difference in this respect between the quiet wards and those inhabited by the disturbed patients.

I was almost surprised to see on wards, declared by the superintendent to be his worst, center tables loaded with potted plants, window boxes filled with ferns and walls hung with pictures.

The arrangement of the wards for disturbed patients I thought admirable. They are very large and are provided with intercepting, collapsible

partitions, so that the patients may be classified into two or even three groups, as daily exigencies may require. These doors are seldom used because the ward is large and the number of patients comparatively small. For this reason they do not come into close contact with each other and one main cause of the irritation of disturbed patients does not exist.

I found this class of patients exceptionally well dressed and clean. The wards are without those odors that usually pervade such quarters. There is a noticeable absence of means of restraint; windows are without screens and doors without locks. I saw no patients in any kind of restraint.

In the dining-rooms the same attention to detail of service is noted. Each table has its cloth, its vase or pot of flowers, with a knife, fork and spoon for each patient. The tables are small, accommodating from six to ten. There is an atmosphere of cheerfulness in each of these rooms. The superintendent told me they have no difficulty with patients on account of the table decorations or the knives, forks and spoons. No granteaware is used in the dining-rooms.

The hospital conducts its training school for nurses. Since this school was established, it has graduated 400 and the senior class this year contains eighteen.

The medical staff consists of eleven doctors, not including the superintendent. The superintendent is Dr. Arthur Hurd, who has been there since 1885. He is a brother of Dr. Henry B. Hurd, one of the world's most famous scientists in the field of psychiatry. Dr. Hurd is an Illinoisan, a graduate of Knox College at Galesburg.

The reception service is well equipped for hydrotherapy; regular clinics are held for students in the medical colleges at Buffalo.

Many of the patients are employed and the products of their labor are consumed for the most part in the institution.

The power plant is equipped with what is known as Fitzgibbons boilers. Dr. Hurd says they have given satisfaction.

Dr. Hurd was asked the question, "If you were permitted to design and build a hospital for the insane, what type would you select as between the cottage and congregate?" Dr. Hurd replied, "By all means the cottage system."

## INTERVIEW WITH DR. JAMES V. MAY

[Chairman, State Hospitals Commission of New York]

ALBANY, N.Y., night of February 12, 1914

The fourteen state hospitals for insane in New York are under the control of a body known as the State Hospitals Commission, formerly the State Commission in Lunacy. The commission consists of three members and exercises very much the same powers as those possessed by the Illinois Board of Administration, but its field is restricted to the hospitals for the insane, state and private.

Each of the hospitals is provided with a steward, whose duty it is to make the purchases and oversee and distribute all supplies. Three of the superintendents and two stewards are the purchasing body of the commission.

Dr. May told me that in the medical service throughout these hospitals the ratio of physicians to patients is one to 175, excluding superintendents and internes. He also said that difficulty was experienced in filling practically all of the positions below the superintendent and medical officers. The superintendents, medical officers of all grades and the stewards are chosen by competitive civil service examination. Other employees are engaged by the superintendent and their names certified to the Civil Service Commission. They may not be discharged except for cause after hearing, as in our State.

The commission also has powers of inspection over twenty-four private institutions.

In addition to the vast details of administration, the commission gives particular attention to the internal service as affecting the patients. It

collects statistics and makes investigation in all matters pertaining to the treatment of mental afflictions.

Dr. May said that they estimated the cost of construction of new wards at about \$1,750 per bed, which includes proportionate cost of power plants, lands, domestic service, interest on money invested, etc. The buildings themselves, he said, irrespective of other materials and facts, cost about \$1,000 per bed for reception service and from \$500 to \$700 per bed for chronic service.

Dr. May condemned the Fitzgibbons boiler and recommended the water tube type, saying that the commission's policy is to replace it with the latter.

At the present time the commission owns three sites for new hospitals—one hospital is in course of construction.

He estimated the overcrowding at an average of 18 per cent. At Ward's Island, he said, the maximum has been reached at 42 per cent. He stated it as his opinion that it will never be possible to catch up with construction so that there will be normal housing conditions in these hospitals.

It is evident, however, from my observation that the New York minimum air space standard is higher than that in Illinois. While the wards may be crowded according to New York standards, they are no ways near as crowded as are ours.

Dr. May advised general dining-rooms, with capacity running as high as ten or twelve hundred. He also said that he likes the group system of construction, namely, four, five or six cottages located about a central kitchen and dining-room, the group being considerable distance from its nearest neighbor. For a quiet chronic class of patients, the cottages of a group may have a capacity of one hundred or one hundred and twenty-five. For disturbed patients the units in the group should be smaller. He urged the necessity of providing in these cottages large, airy, light clothes rooms and maximum toilet facilities—one wash basin and one stool to each five patients he believes is necessary to good order and cleanliness.

As to the attendant classes of employees, he said there is a hundred per cent change each year, that is, the entire attendant service changes its personnel once a year. Men in this service receive from \$26 to \$34 a month and maintenance; the women from \$19 to \$25 a month and maintenance. These wages are very similar to those paid in Illinois.

The farms at these hospitals are visited and supervised by the State College of Agriculture which makes recommendations for improvements. Farm products are estimated at about \$300,000 per annum.

The superintendent furnishes his own automobile, but the state allows him gasoline and \$150 a year for repairs.

Dr. May, speaking of the cost of maintenance, said that commodities have advanced since 1905 from 50 to 150 per cent, but that by the practice of economies of various kinds, the per capita cost has not increased radically. The average for the state in 1913 was about \$203 against \$189 in 1905.

The fourteen hospitals contain about 30,000 patients, 9,000 of whom are said to be aliens. Seven per cent of these patients reimburse the state in whole or in part for their support. The state charges \$5 a week, but accepts less in cases where full support cannot be afforded by the friends, or the estate of the patient. If a patient is able to pay \$15 a week he is sent to a private institution.

Dr. May said the reimbursing system in New York has been successful and has caused practically no friction or produced no political influence or favoritism to relieve patients or friends of the payment of the support charges.

This commission has no jurisdiction over the criminal insane or the colonies for epileptics. The fourteen state hospitals cost the state of New York about \$8,000,000 per year, almost as much as all the charitable institutions of Illinois cost in two years.



## BOSTON STATE HOSPITAL

BOSTON STATE HOSPITAL, BOSTON, MASS., February 13, 1914

This institution is seventy-five years old. Until four years ago it was a city and county hospital for insane. It was then taken over by the state. The plant, so far as it has been developed on the present site, is new. It consists of two colonies, one for women and one for men. They are wide apart with a valley between. Both colonies are heated from a central power station which is at the present time undergoing remodeling and enlargement.

Hand fired tube boilers are used. New high speed generators, directly connected, are being installed.

The administration offices are in an old farm house which has been enlarged and remodeled. We visited only the women's colony.

The reception service on this side is three stories high with flat roof. One new building for forty beds is in course of construction at a cost of \$50,000. This building is of brick and concrete. The rest of the custodial buildings of this colony are of frame with stucco finish. They afford very good service, having wide corridors and large airy dormitories and day-rooms.

Here, as at Buffalo, we found table cloths, knives, forks and spoons and flowers on all the tables.

Restraint has been practically abolished.

There is nothing distinctive or striking in the construction of the buildings at this institution. It might be described as a cottage plan institution on the colony system, the colonies in this case consisting of the two sexes.

## THE BOSTON PSYCHOPATHIC HOSPITAL

THE BOSTON PSYCHOPATHIC HOSPITAL, BOSTON, MASS., February, 14, 1914

The Boston Psychopathic Hospital is a combination, being a clinic, institute and hospital in one. It has been occupied only a short time, and is located within sight of the new buildings of the Harvard Medical School and a number of the large general hospitals of Boston.

It occupies a peculiar relationship to the Boston State Hospital. Its function is to receive all mental patients committed from Boston and environs. These patients are here classified. Those who are exceptional, possessing some unusual point of interest, or who appear to be more favorably disposed towards recovery are kept and the rest are sent on to the Boston State Hospital. No cases of simple drunkenness or delirium tremens are detained but are sent on at once.

The superintendent of the Boston State Hospital is likewise superintendent of the Boston Psychopathic Hospital. The latter has a director. No matter how well the fields of these two officials may be outlined, it is apparent that there must frequently be conflict and controversy.

Many very admirable details are noted in the plans and construction of this modern hospital. There are one or two screened rooms for violent patients. The restraint on the windows is ornamental and is designed simply to prevent patients from falling out, as it may be easily lifted like the window sash itself.

Conditions of a normal environment are aimed at. As the assistant superintendent said to us, "Everything which tends to restrain the liberty of a patient or conveys to him the impression that he is not at liberty and that he is living in an unusual or different environment, is a challenge to irritate, disturb or even depress him, and we have endeavored in this hospital to abolish everything which is likely to arouse his curiosity and generate within him a disposition to opposition and hostility."

There are small dormitories for seven or eight patients. Ornamental woodwork partitions, a little higher than a bed, have been erected between the patients so that those at rest cannot see each other. There are a



number of private rooms for observation of patients. Owing to the lack of ground area, a roof garden has been provided for each sex, which is enclosed during the winter time with glass.

There is a capacity in the hospital for 100 patients.

A large portion of the building is devoted to research, investigation and education. The laboratories are of the latest design and are equipped with every facility. There are lecture-rooms for the physicians and internes of the various state hospitals. Clinics for Harvard medical students are held regularly. Here is one place where psychiatry is considered necessary to a complete medical education and students who graduate have had practical training and instruction in mental science.

Social service is being developed on a broad basis. There is a department for out patients and another for the after care of patients. Patients after discharge from the institution are followed up by trained workers, who give them assistance in recovering or maintaining their position in society.

The hospital has also investigators who inquire into the history of patients as they are admitted. The director and staff considers it absolutely necessary to know all the facts in the patient's past life before prescribing treatment. This is especially true in those cases where the psycho-analytical methods can be applied.

Very complete records are kept of all the patients who enter this institution. All the information they give to the staff is checked up by the investigators and elaborate reports upon their history are filed in the records.

The assistant director showed us some of these reports and as an illustration of what he had said, pointed to the case of a young woman who had been brought in as an insane patient. The story she told contained some contradictions and it was felt that no treatment could be prescribed for her until the truth in her life could be had. To make a long story short, the investigator turned in a correct account of what had happened in her case, and as a result of this knowledge it was a comparatively easy matter to restore her to her feet and send her out, but the facts were such that the hospital considered her a social case. Since discharge the after care workers have supervised and watched over her, with the result that she has been able to maintain herself honestly and honorably which would not have been the case had she been turned adrift, provided indeed it would have been possible to have rendered her fit to go out. Without the knowledge gained by these investigators she would have been treated as insane and probably would have deteriorated into a chronic case.

The out patient work is the most interesting that this institution is doing. So far over 2,000 men and women have received attention in this department. Such patients come once a week or once a month, as the case may be, and report to the staff what they have been doing and how they have been getting along.

Of these 2,000, a very small per cent have finally been committed to a state hospital. The director of this department was very conservative and cautious in his conclusions. He admitted that it was barely possible that not more of this number would have gotten into the state hospitals even though there had been no out patient service, but it was his opinion, from the knowledge of the cases and of the work done with them, that a very large per cent would ultimately have drifted into custody to become a permanent charge upon the public. The out patient department has been able to give these people advice and assistance and what is necessary, encouragement and by supervision has been able to make them more or less self-sustaining outside. At any rate it has postponed for many of them the time when they must enter a state hospital. The department has not been in service long enough to give us certain definite answers to the vital questions pertaining to its value.

I asked the director how he was able to maintain the interest of his out patients and secure their return. He said that the bathing facilities

brought them back. The hospital is equipped with very extensive means for hydrotherapy and the out patients have access to it.

The hospital has a complete photographic outfit and pictures are made of all patients and filed with their records.

All the laboratory furniture is of steel and wire-glass, so that operators and demonstrators are thoroughly protected from exploding tubes and bottles. All the laboratory tests known in psychiatry are made in this institution by its staff.

The hospital is a large publisher. Accounts of all its research and investigation are quickly put into print and circulated. It is also a center for the dissemination of knowledge to the public concerning mental diseases; for instance, in November, 1913, a conference was held here for the benefit of the legislative commission on drunkenness. To this conference were invited physicians, probation officers, police heads and social workers. Its object was to acquaint the legislative committee with the various forms of alcoholic insanity or delirium and to teach physicians, probation officers, police heads and social workers how to handle such cases.

The conference listened to statements from various members of the staff and were made acquainted with results of an extensive inquiry into alcoholic insanities, made at this hospital.

The demonstration were vivified by the display of some very striking placards, which are not yet ready for distribution to the public, but I copied the following two which illustrate the style:

#### THE RECORDS OF THE PSYCHOPATHIC HOSPITAL FOR 1913

Total admission .....	1523	Remaining in some institution	752
Discharged .....	771	Not recovered .....	340
Dead .....	52	Recovered .....	129
Not insane .....	250		

#### TREATMENT OF DELIRIUM TREMENS

In General Hospital—	In Psychopathic Hospital—
Tieing in bed.	No.
Depressing drugs.	Nourishing food.
Stimulating drugs.	No.
Little or no hydrotherapy.	Proper baths, moist warm packs.

The out patient department presented a selection of notes on after care and moral suasion work with alcoholics. The director presented his idea of the institutional requirements for acute alcoholic mental diseases in any metropolitan district.

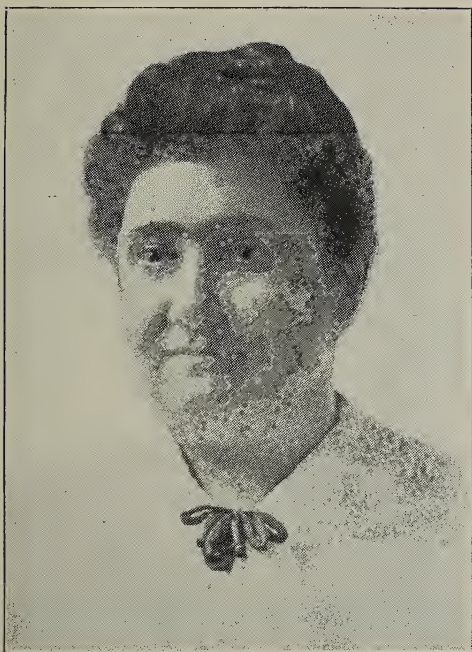
The commission, which was studying the subject of drunkenness in Massachusetts, got here in this hospital, information that it could not have secured at any other source and it was of remarkable value in reaching conservative and correct conclusions.

The Boston Psychopathic Hospital, complete, including land, cost the state \$600,000.

Because of the demand in this State for a similar institution it will not be amiss to present here a more detailed description.

The building is four stories high with a high basement. There are three entrances on the main front. The central entrance leads to the reception room, from which radiate the main avenues to all parts of the hospital. The northern entrance on the first floor leads to the out patient department, with a large waiting-room and adjoining rooms for physicians, examinations, dispensary, toilets and quarters for a record clerk and social service for the efficient following up of cases.

The "pavilion," so called, in the central arm of E, is exclusively for patients and treatment. It is intended that patients shall generally come to the hospital from the rear, entering an enclosed yard located between the pavilion and the garage. An ambulance or carriage entrance is here pro-



MRS. CARRIE O'CONNOR, OF ROCK ISLAND  
New Superintendent; State Training School for Girls, Geneva





vided, and patients will enter the admitting ward at this door, passing with their friends or attendants directly to the waiting-room, where a nurse will receive them for examination and bath, after which they will be put under observation in private rooms and later classified in wards, as may be directed.

The first floor of the pavilion is so divided as to provide admitting ward and private-room accommodation for both sexes separately; all walls are deadened and double windows are provided to shut in all sound. This plan is pursued throughout the pavilion, and, in order to make it effective, thorough ventilation is arranged for this entire wing.

Although the surgical needs of such a hospital are small, there are sufficient cases received to need provision for prompt attendance and a small compact operating suite is provided on this floor.

The second and third floors of the pavilion contain the acute wards for men and women respectively. Rooms for single and disturbed patients fill one end, wards for less troublesome cases, with prolonged baths; toilets, clothing and storerooms, fill the remaining space.

The fourth story of the pavilion contains a roof garden, partially covered, but open at the sides, giving sufficient protection from anything except a driving rainstorm. The sides and open part of the roof are enclosed so as to be safe from accidental or intentional escape.

A nurses' training classroom is provided with a diet kitchen for instruction and practical use, and in the rear another solarium with open balconies and roof, so arranged that it may be available for women if the other is in use by men.

The basement of the pavilion at the street end is devoted to the heating apparatus; air washers, plenum and fan rooms, with ducts leading under the floors from here to the main building. A separate entrance from the ambulance yard admits to the mortuary, with a columbarium, preparation room, autopsy room, etc.

At the passenger elevator and central staircase is the main axis of the building, practically and administratively. Here the connection is direct with each department, each wing, each classification. Down this stair or elevator, from every floor and ward, can come patients, without crossing through other wards or departments and connect to any department desired. To the basement they will come for access to the gardens on either side.

To the basement floor patients will come for hydropathic treatment for which provision is made in well lighted and ventilated rooms in the main building, near the stairs and elevator. Rooms for X-ray, photography, physical therapeutics, a dispensary, drug storage, etc., are also located on this floor.

The sex division is maintained in the two wings of the main building, as indeed it is in all floors. Starting from the main stair we come first to the record-room, where all case records will be filed for convenient access.

On the front of the building is the medical library, a large room fitted with cases, alcoves, reading tables and proper lighting for convenient study. On either side are the laboratories, offices for the director and laboratory chief, with conveniences and apparatus for careful and accurate study, which is one of the leading ideas in the provision of such a hospital. The two wings accommodate various offices and physicians.

On the third floor is an assembly-room and recreation hall, where such patients as can be permitted may gather for service or amusement; or where lectures can be given. The space on either side is devoted to rooms for nurses, and will be so used until a nurses' home shall be required, but all the main partitions are so planned and constructed that this whole story can be converted into wards and rooms for patients in the same manner as planned for the fourth story; thus adding materially to the accommodation of the hospital when its anticipated growth shall require it.

On the fourth floor is the observation ward, with waiting-room, designed for patients and their friends, where, when able, they may meet and visit, and offices of the chief of staff, assistant physicians, superintendent of nurses and clerks.

The observation wards are formed of small units and some single rooms, with the requisite treatment rooms, bath and other offices necessary for the care of patients. Diet kitchens and service, connected with the kitchen service below, provide for feeding the patients in their own quarters.

Day rooms and balconies give accommodations for patients not confined to their beds, and the outlook from all parts of the hospital is interesting.

"Preference has been given in every case to the care of the patient and the expenditure has been concentrated upon provision for this, rather than upon creating an architectural monument."

## KINGS PARK STATE HOSPITAL

KINGS PARK STATE HOSPITAL, LONG ISLAND, February 16, 1914

Kings Park Hospital is located on Long Island, forty miles from the Pennsylvania station in New York. From the hills on a clear day the waters of Long Island Sound are visible.

It is a conglomerate institution. It consists of detached cottages, of modified congregate buildings and of groups of cottages, each group being a sort of department unit. A new group, consisting of two two-story cottages, with a dining-room and kitchen located between them, attracted our attention. There was nothing, however, markedly new in the plans of these cottages.

The most interesting thing at Kings Park was the variety and extensiveness of the industries.

Dr. Macy, the superintendent here, was formerly superintendent at the Willard State Hospital, where he made a name for himself in developing industries.

The industries at Kings Park are located in a basement, but an inspection of them shows that it is not always necessary to have everything just right before success can be achieved.

This institution, by its patients, makes all its own clothing, including shoes, all its mattresses and repairs all its furniture. When it is considered that there are 5,000 patients present, this achievement is remarkable. For instance, in the shoe shop I saw seventeen patients at work; only two of them had ever worked with leather prior to admission. The other fifteen had learned to make shoes under the direction of the foreman.

The output of this shoe factory speaks for itself; in other words the shoes look like shoes. Dr. Macy said that if the law permitted it, he could develop his shoe factory to an extent that it would fill the demands of some of the other institutions.

The woodwork shops were intensely interesting. While it is true in our Illinois hospitals these industries have been opened, it is likewise true that we have not yet reached the state of development noted at Kings Park.

I firmly believe that our law should be changed so that our State hospitals could manufacture the clothing and shoes for their own inmates. This would give employment to a larger number of our patients and if we could approximate the developments that I found at Kings Park, the clothing and shoes would be of better style and finish than those furnished now by our prisons.

The institution has one large congregate dining-room in which all classes of patients assemble. There are tables and chairs for 1,000. All tables are covered with cloths and are furnished with dishes, knives, forks and spoons. Other patients are served in cottage or colony dining-rooms.

Restraint is not practiced in this institution. Many of the doors are open and many of the windows are without screens.

Three new cottages for tubercular patients have been opened, but according to my opinion, they do not equal in plan and comfort, those which have been erected in Illinois at Elgin and Jacksonville.

The powerhouse is equipped with both fire tube and water tube boilers. They are disposing of the fire tube boilers to make room for the water tube type as fast as they wear out.

The electric equipment consists of three large three-phase generators direct connected\* with steam turbines. They make a deafening noise but the superintendent contends that the installation of water tube boilers and these electric machines and turbines has resulted in a saving in the coal of one dollar a ton. The building of the power plant itself is new.

Metal ceilings are used almost exclusively throughout the institution, in the kitchens, dining-rooms, and general bathrooms. The superintendent called to our attention the large number of shower baths. Untidy and disturbed patients are as well cared for here as at Buffalo.

The kitchens are equipped with dishwashers and aluminum cookers. I saw a number of these at eastern institutions and every place they were highly recommended. Both the steward and superintendent at Kings Park said they would not do without them.

The laundry is new and contains much new equipment.

Wherever the modified congregate plan has been used, the connection between the ward buildings has been made by means of curved connected corridors which are very wide and provided with almost solid glass walls. The floors are of tile. They have been profusely decorated with plants ranging from geraniums to immense palms. These corridors are occupied during the day by patients.

The new buildings which we noted are very simple in design and have been planned with a view to the needs and the comfort of the patients. There is no fancy work to require attention in the future and the roofs are so constructed that there will be a minimum of expense for repair of damage.

They have learned the lesson here to provide ample room for clothing and toilet facilities.

## MANHATTAN STATE HOSPITAL

MANHATTAN STATE HOSPITAL, WARD'S ISLAND, N. Y., February 17, 1914

This institution formerly belonged to the city and county governments but was taken over by the state under the terms of its complete state care act. It houses a population of approximately 5,000 patients and is built on a modified congregation system.

All the ward buildings are large, as a rule, the old ones being three and four stories high; with its gardens it occupies all of Ward's Island. On one side is Hell Gate and on the other Randall's Island in East River, with its about to be abandoned reformatory for boys.

Communication between the city and the island is maintained by private ferry from the institution's own dock at the foot of One Hundred Sixteenth Street.

Here is located the New York State Psychopathic Institute, which corresponds in organization and purpose with the Illinois institute at Kankakee.

The institute occupies fair quarters in one of the old buildings and is well equipped with laboratories, classrooms and library.

I saw here a number of frame shacks, one story in height and rather fragile in construction. These were built for the class of patients who require an outdoor life but are not tuberculous.

There are no screens in these buildings. In some of them there are wood floors which are objectionable. It was a cold day, yet I found these wards very comfortable.

The pavilions for tuberculous patients are very good in their plan, but I did not consider them an improvement over recent construction in Illinois.

I saw here an improvement in the system of case records which I later found in other New York institutions. Complete case histories of patients are filed numerically, but the physician in each case makes a condensation of the record and diagnosis.

This condensation is filed according to psychoses. By means of this duplication it is very easy to make statistics and studies of the different classes of insane.



Among the new structures I saw one group which is built in the shape of the letter "H." The connecting link is the kitchen and dining-room, one story in height. The two buildings house a hundred patients each.

It was in this group that I saw electrotherapy applied on a large scale. A specialist in the use of electricity for the treatment of the insane has been attached to the staff and complete equipment for all kinds of electrical treatment has been installed. It was in operation during my visit there and its various phases were explained. The physician in charge said that it had proven very successful in many cases of depression and excitement and had been particularly effective in hysteria, where psychic effects were sought.

These new buildings are very attractive in design and the interior plan makes ample provision for clothesrooms and toilets. Dayrooms and dormitories are very well lighted and ventilated.

The buildings depend upon their symmetry and simplicity for their architectural effects.

### PHIPPS PSYCHIATRIC CLINIC

PHIPPS PSYCHIATRIC CLINIC, BALTIMORE, Md., February 18, 1914

With Dr. Zeller and Mr. Dibelka, I visited this great institution today. It was erected by Mr. Henry Phipps as a part of the Johns Hopkins Medical School. It is not a hospital in the sense in which that term is generally used. Its object and purpose is to investigate mental disorders and disease. At the same time its work is done with mental patients.

There is capacity for eighty. Some of them are taken free, others pay as high as \$15 per day. The clinic accepts only hopeful cases and those who present some unusual symptoms.

There are several small wards and a number of single rooms and suites. There is nothing lavish in the way of decorations or finish, but what there is, is of the most substantial character and has been designed in good taste.

The suites, for which high prices are charged, consist of a sitting-room, kitchen, dining-room, private bath and absolute privacy.

In the wards there is a separation between the beds, likewise there is privacy in the toilets.

On one side of the building there is a formal garden such as one would find in the rear of the city home of a rich man. The roof has been utilized as a garden.

Several of the rooms designed for disturbed patients have disappearing screens, which may be pulled out when necessary.

Special attention is paid to hydrotherapy and continuous baths have been given, extending from ten to eighteen hours, and there have been instances where the patient has been in the tub for several days at a time.

Students from the Johns Hopkins Medical School come here for their psychiatry. Many publications are issued, lectures are given by members of the staff before the medical professors and college students. There are classrooms and laboratories and a complete photographic outfit for research and instruction.

There are no attendants. All patients are cared for by trained nurses who have first been educated in a general hospital, after which they receive an education in the care and nursing of the insane.

There is a large amusement hall which is equipped with a pipe organ, pianos and other musical instruments. A gymnasium in the basement has been provided with all modern equipment and apparatus and a special teacher gives his entire time and attention to it.

All floors are covered with highly polished battleship linoleum. The doors and corridors are very wide, so that beds may be taken from one part of the building to another.

Patients are admitted through a beautiful entrance and vestibule such as one would find in a costly colonial home. There is a complete absence of everything that suggests a mental hospital.



The institution is on an expense-bearing basis. This is possible because of the small salary list and a contribution from the general hospital.

As at the Boston Psychopathic Hospital, so it is here, an after care and out patient department is maintained. The director of the out patient department gave me much the same information that I had received at Boston. He was reluctant to make any unequivocal conclusions as to the results of the work under his direction. It was his opinion, however, that it would demonstrate its usefulness to patients and its economic value to the public.

## SPRINGFIELD STATE HOSPITAL

SPRINGFIELD STATE HOSPITAL, SYKESVILLE, MD., February 18, 1914

It was here we found a pure example of the colony type of hospital for the insane. The Springfield State Hospital is located near the village of Sykesville, Md., about thirty miles from Baltimore, on the famous Patterson farm, where was born and raised the woman who became the wife of Jerome Bonaparte.

There are 800 acres in this beautiful tract of land. The old Patterson mansion stood on a hill almost in the middle of it. Two years ago this building was destroyed by fire and a new colonial residence, for the occupancy of the superintendent, has been erected nearby. This residence stands on an eminence overlooking the hills and valleys of this romantic section of Maryland.

Three-quarters of a mile from this residence, standing upon another knoll, is an unpretentious group of small brick cottages designed after the colonial style. These house the female patients of this institution. A mile away, with a broad valley intervening, is another group of similar buildings, in which live the male patients.

This group, like the first one, is about three-quarters of a mile distant from the superintendent's home.

About midway between the male and female colonies, on a rising bit of land in the valley, the state is erecting a reception and hospital service.

Nothing in my travels among institutions appeared to me to be so near the ideal of insane hospital planning and construction. While it is true that this institution has not yet entered extensively upon scientific investigation and research, any visitor must be impressed with the quality of service which is here given to patients.

In the woman's colony there is only one building with screens on the windows. The other cottages are unlocked. The walls have not been plastered, but the plain brick have been well selected and they have been painted and enameled, and the effect is good. There is probably no saving in constructing walls in this way, but plastered walls would probably cost more in the long run, by reason of repairs.

Patients in this group go to a central dining-hall, to which is attached a kitchen and bakery. Over the dining-room there is an amusement hall, which will comfortably accommodate eight or nine hundred people. This is the best amusement hall I saw on this trip. Its walls are like those in the cottages. It is provided with sufficient lighting facilities of ornate design, and when illuminated at night, presents a picture that one might travel far to find its equal.

The cottages on the male side are joined by covered passageways of colonial design. The women have no such protection.

All the cottages have green roofs with white sash and doors and porches. The cottages for males are provided with old-fashioned green shutters, which have been added for effect. However, in the summer time they are very convenient because they can be closed and the windows opened wide.

The heating plant is new; the building is designed on colonial lines. The machinery and boiler-room of this plant reminded me of the hold of a battleship. The floors in the pumping and engine rooms are clean enough to eat from. All the piping has been carefully covered and enameled. The machinery has been painted and enameled, and receives daily attention to keep it clean and polished.

The machine shop, located in this building, is systematically arranged and kept as the best kitchen would be. Without qualification, this power plant was the most presentable I found in the twenty-two institutions visited. I speak of this because so many of our engineers pay little attention to tidiness and appearance of the boilers, machinery and other power plant equipment. I think a very good reform to start in this State would be a movement among our charitable institutions to make our power plants spick-an-span places where one might look in with pride.

This power plant furnishes heat to all the buildings; all pipes and wires are carried in tunnels. Cement walks and hard roads connect the various groups and buildings.

I saw a few women patients in restraint. They were in the locked cottage to which I have referred.

The farm itself is divided into tracts by privet hedge fences, which have been scrupulously cared for. All the roads are lined with this hedge. The farm buildings are on a par with the other structures so far as appearance and care are concerned.

If this institution continues its development along the lines laid out, it ought to win a place among the leaders in this country.

## ST. ELIZABETH'S—GOVERNMENT HOSPITAL FOR THE INSANE

ST. ELIZABETH'S, WASHINGTON, D. C., February 19, 1914

The government cares for its insane soldiers and sailors and its insane population in the District of Columbia at this institution.

The feature here that impressed us was the reception service. This consists of a large central building used for administration. On either side of this building, and connecting with it by a covered way, are the wards for the reception of patients. This group of three buildings is the nucleus of the new portion of St. Elizabeth's. The new buildings already erected in this section of the grounds have cost \$1,000,000. They were designed and erected under the direction and supervision of Dr. W. A. White, the noted psychiatrist.

The plan of the reception service pleased us, and Mr. Dibelka, as our State architect, took a number of notes.

The exterior outlines are very good and possess that dignity which a state building should present.

A building nearby, occupied by epileptics, was inquired into. This building, we learned was not erected for that purpose, but it served to bring out from Dr. White his opinion as to some features of a building for this class of unfortunates.

Dr. White does not approve of inclines instead of stairways. He prefers stairways which are broken every four or five steps by landings.

The untidy and violent patients are housed in a very large building which is not crowded. To this fact Dr. White attributes the absence of disorder and untidiness.

The staff consists of twenty medical officers.

Dr. White expressed his opinion of the general practitioner who seeks to enter the mental hospital service. If he has been in private practice for eight or ten years, bluntly said Dr. White, he is no good.

According to him, nurses, to be of most efficiency, must be graduates of the hospital training schools and must be trained in the care and treatment of this particular class of patients.

He says that the physician who will make a success in one of these hospitals should have training in nervous and mental diseases in college and should proceed at once to institution life.

The service in the dining-rooms is not as good as I have seen. Many tables were without cloths. We found one dining-room in a basement, which Dr. White himself condemns.

Dr. White said the screens and bars on the windows, he believed, could be dispensed with almost entirely, but the institution is located practically in Washington, and this site demands them in response to public sentiment.

As between a congregate and a cottage plan, Dr. White strongly advises the latter. He conceded that cottages in groups, each group with its dining-room and kitchen, are excellent. Forty patients are about the right number for a cottage.

Of the new cottages here, some contain a single ward, others have four wards.

The hospital gets its internes by paying them a salary.

The power plant is installing water tube boilers which will be hand fired.

There is a good service for the tuberculars, but the buildings, while new, do not please me as well as ours at Elgin and Jacksonville.

The government's criminal insane are kept at this institution.

Because of the large number of blacks, it is necessary to segregate the colors. This situation, of course, makes it an institution more difficult to administer and increases to some extent the per capita cost.

## NATIONAL TRAINING SCHOOL FOR BOYS

NATIONAL TRAINING SCHOOL FOR BOYS,

WASHINGTON, D. C., February 20, 1914

This institution is somewhat similar to our School for Boys at St. Charles. Its superintendent, Mr. Sterling, was an employee of Colonel C. B. Adams when he was superintendent of the Ohio Boys' School at Lancaster.

The farm consists of 300 acres, most of which is very reluctant to production. The institution is very old and there is nothing to be learned in the original cottages.

In recent years three new cottages have been erected and at the present time a schoolhouse is in process, and it is in this our interest centers.

This will be a very large building, four stories high, with the basement, a portion of which is above ground. When it is finished it will stand as a monument to the boys. They will have completed it by their own labors. The brick in the walls were made and fired by them. All the mill work and all of the trim has been made from the rough lumber by the boys in the carpenter shop. The bricks have been laid by the boys and the cement floors have been put in by them and a structure that by contract would have cost at least \$100,000, will stand the government \$45,000.

A feature of the new schoolhouse is a congregate studyroom where the boys may do all their studying. Only those boys will be in the classrooms who are reciting. The school is graded up to eight grades and is open one-half day five days a week.

There is no school in the summer.

There are four officers to each cottage, including the teacher. One of these is a night man who sits on duty in the dormitory. Until the new schoolhouse is completed each cottage will use its own schoolroom.

The superintendent uses his discretion in assigning boys to school and to manual and vocational training. If it is advisable for a boy to spend all of his time in the shops he is so assigned and is not required to go to the day school.

A feature of this institution which we do not have at St. Charles is a congregate dining-room. Superintendent Sterling says he has had no experience with cottage dining-rooms and consequently would not say whether he preferred congregate to the cottage system.

Manual and vocational training is given in iron, plumbing, steam fitting, wood working, shoe making, blacksmithing, brick making and the like.

The school has a population of 394 and a pay-roll of sixty-five employees. The institution is under the jurisdiction of the Department of Justice.

Mr. Sterling admits it is very difficult to get good house officers, so that we see that the government itself is not free from this problem which troubles us so much here in Illinois.



## NATIONAL TRAINING SCHOOL FOR GIRLS

THE NATIONAL TRAINING SCHOOL FOR GIRLS  
WASHINGTON, D.C., February 20, 1914

This institution, like the Boys' School, is under the Department of Justice. While it was designed for whites and blacks, its population today is strictly black.

There are three buildings, all enclosed by a high brick wall, each building having its own yard, enclosed within partition walls.

The inmates of these buildings have no means of communication with each other. A new fireproof building is about ready for occupancy. The feature of this building is the block of six cells. The superintendent contends that these cells are necessary.

The institution has a truck garden of sixteen acres.

Domestic science is taught to all the girls.

All doors are locked. There is no corporal punishment.

Girls are received and accepted on the theory that they are good. The past is not referred to, and they start with a clear bill.

They are placed in the honor cottage and treated as though they deserve the best. If they do not appreciate the confidence thus placed in them, they are sent to the intermediate cottage, and from that they go to the bad cottage if their conduct warrants it.

There is a congregate dining-room but the girls are not allowed to communicate. Each cottage has its own schoolroom. The school is graded up to the fifth grade and two hours a day are spent there by each one.

## CENTRAL ISLIP STATE HOSPITAL

CENTRAL ISLIP STATE HOSPITAL, LONG ISLAND, N.Y., February 23, 1914

All types of hospital construction are seen on the grounds of the Central Islip State Hospital. This is a gigantic institution extending a distance of over two miles from tip to tip. One gloomy old congregate structure of red brick and black slate roof, with no ornamentation or relief to break its foreboding front, is one mile long from end to end, and accommodates 2,400 patients.

One-half mile distant are located the newest groups, the finest, best-arranged and best-looking cottages I saw on this trip.

Adjoining the grounds of these new cottages are twenty-four one-story buildings, nearly all of which are of plain brick. These one-story buildings, strange to say, were erected when this institution was under the control of the city of New York, prior to 1896. The long congregate building was erected by the state after it took possession of the hospital, so that we here see erected, prior to 1896, what is now considered throughout the east, as the ideal structure for chronic insane patients.

These one-story buildings are arranged in six groups. If you look at the blue-print of the grounds you see an orderly arrangement, after a definite plan, but if you enter the colony and pass through it over winding roads, between neatly cropped privet hedges, enclosing formal gardens, you begin to think you are in a country village where a landscape artist has been permitted to practice his profession without restriction.

These cottages have no basements. Many of them have no screens on the windows. All the windows are of the two-sash type; indeed the two-sash type prevails throughout this institution, and the assistant superintendent made the statement to me that fewer of them are broken by patients than of the smaller type, which is used in some institutions in lieu of screens.

Five of these groups consist of three wards. The other group has six buildings. Each group has its own dining-room, but there is a center kitchen for the six groups in the colony.

Each cottage contains a large dormitory, a dayroom and along the corridor a number of single rooms. The dormitory is separated from the dayroom by folding doors.



All classes of insane and both sexes are housed in this colony.

These buildings could be duplicated in Illinois, with certain modifications, to meet local conditions, at a small expense per bed.

I can imagine nothing that approaches so closely the normal environment back to which it is our desire to take our chronic insane.

During the warm months, when flowers and hedges and grass flourish, and the vines which cover these walls are green, this immense colony of some 1,500 chronic insane, living so comfortably under such normal conditions, must present a picture that would convince even the most loyal to the congregate system that here has been found a better way to care for them.

The new colonies which have just been occupied are known as the McGregor and the Smith groups.

The Smith group is worthy of some detailed description. It consists of six cottages arranged at a distance from each other about a rectangular court, in the center of which stand the kitchen and general dining-room.

The cottages are of English architecture, with a brick first floor and a half timber and plaster second floor. The pavilions at each end have high peaked roofs, with dormer windows. The connecting pavilion is two stories high.

The dayrooms are on the first floor in the end pavilions. A very wide corridor connects them. A large porch opens from each dayroom. On one side of the connecting corridor are employees' quarters and clothes rooms and on the other side toilets and baths.

The dormitories are on the second floor, directly above the dayrooms. They likewise are connected by a very wide corridor with bath and toilet on one side and single rooms on the other. The beauty of these dormitories is the fact that they are open to the roof, being 16 feet from the floor to the ridge. They have not only the air from the second-story windows, but also from the dormer windows.

The second-story windows are immense, flooding the dormitories with light and air. It is impossible to fill these dormitories beyond a reasonable regard for air space requirements.

The clothes rooms are large, as they should be, and contain windows as a means of ventilation.

There are toilet facilities, meaning wash stands and stools, at the ratio of one to five. The assistant superintendent and superintendent both called my attention to these ample toilet facilities. They made a statement which we all recognize to be true, that the one main contributing cause to untidiness of patients is the lack of ready toilet facilities.

I cannot recommend these cottages too highly. In my opinion they are excellently planned on the interior. The exterior presents good architectural lines. They are dignified. They are worthy of any state, but at the same time show none of the evidences of custodialship.

The dining-rooms and kitchen are likewise worthy of detail. This is the best combination I saw. They are one story in height, of half timber and plaster exterior. The kitchen stands in the center. A corridor on each side connects it with "T" shaped buildings. Each of these "T" shaped buildings contain three dining-rooms, each of which opens upon a central serving-room, into which runs the corridor from the kitchen. This gives the group six such dining-rooms, three on each side of the kitchen. Each cottage, therefore, has its own dining-room, and as it is the policy of the institution to furnish a diet for each class of patients, it is possible to serve six different diets, yet it is impossible for the patients of the different cottages to know there is a difference in their food.

The cottages were originally designed for the care of 100 patients each, but 125 are accommodated now without overcrowding. This group of six cottages, with its dining-room and kitchen, cost \$365,000 or \$486 per bed.

The institution has three homes for nurses and employees, but these do not accommodate more than half of the force.

The latest nurses' home is of English style architecture, and is one of the handsomest institutional buildings I have ever seen.

The superintendent is provided with a residence located some distance from the hospital buildings. There are two staff houses for members of the medical force, and two power plants, one of which is equipped with the Fitzgibbon boiler.

The assistant superintendent praised this type, but the superintendent withheld comment favorable to it, but did not condemn it.

There is a pavilion for tubercular patients housing 100.

Naturally, in an institution of 5,000 patients the hospital facilities must be large. The physically sick insane occupy five buildings.

The amusement hall is a one-story frame structure accommodating 1,200. It is open three times a week to the patients. Amusements consist of dancing, skating, concerts, picture shows and vaudeville acts by local and professional talent.

Religious services are held on Saturday for the Jewish inmates; Sunday morning for the Catholics and Sunday afternoon for the Protestants. The state allows each sect \$10 per Sunday for expenses.

The dining-room service demonstrated one of my theories. In nearly all of the dining-rooms the patients are served after they sit down. I have always contended that this is possible, and I found concrete proof today.

The tables are provided with cloths, china dishes, glassware, knives, forks and spoons. Butter on individual plates is served to the patients. This is real butter and not a colored combination of butterine and butter.

Such dining-room service must be very much more satisfactory in every particular than that to which we, in Illinois are committed; namely, dishing out the food before the patients have arrived, and oftentimes permitting it to stand so long that it is thoroughly cold when they sit down to the tables.

The training school course consists of two years' instruction. There were fourteen graduates last year.

Difficulty is experienced in getting sufficient competent help in the nursing and attendant service. The wages of the men attendants range from \$26 to \$35 per month. Wages of male nurses range from \$35 to \$43 per month; the charge nurses from \$40 to \$47; the chief attendant from \$35 to \$43. Women attendants range from \$19 to \$25; charge attendants from \$30 to \$35; nurses from \$30 to \$35; chief nurses from \$34 to \$40.

Women are employed on some of the male wards and when so employed receive men's pay in the same rank.

The medical staff consists of thirty officers, including six internes. The internes start at \$1,000 a year. Assistant physicians receive from \$1,500 to \$1,800 a year; senior assistants from \$1,800 to \$2,200 a year; first assistant physicians from \$2,600 to \$3,000 a year. In every case maintenance is included.

Today there were 4,800 patients present. With thirty physicians the ratio, therefore, is one medical man to each 163 patients.

Much attention is paid to the industries. Care of individual gardens is being encouraged and when a patient can be found who is willing to take a piece of ground and cultivate it, he is provided with seeds and all the implements necessary. A patient who had always lived in the city was committed to the institution, and after a while he expressed a wish to cultivate a piece of ground. It was marked off for him and the things he needed were given to him. The results were fine. His little piece of ground produced more than any similar area cultivated by civil employees.

From this one instance has developed the industrial garden. At the present time there are eight patients who have their own gardens.

A teacher in the manufacture of cement novelties—such as window boxes, small vases and bric-a-brac—has been engaged and some very interesting results are expected in this department. The re-education classes have about forty, with two paid teachers. Paper favors and novelties of all kinds are manufactured on a large scale. A department store in Cleveland takes the entire output. The income from this department pays the expenses of the other classes.

It is estimated that sixty-five per cent of the patients are employed a portion of each day. These include the patients who make the beds, but

not those who run the floor-polishers and those who are in the re-occupational classes.

Not much surgery is done at this institution. The major operations average about one a month. The policy is to operate only when it is necessary. The staff believes, however, in operations to correct defects in the eye. Attention is given to the teeth, the nose and throat, the object being to provide the patient with as good sense organs as is possible.

A very strange thing to me was the removal of coverings from the radiators. The assistant superintendent told me that last year they took off \$20,000 worth, and have placed them in the formal gardens as a support for vines and plants. This is in marked contrast to the policy in Illinois, where liberal sums have been paid to cover radiators.

This officer assured me that the exposed radiators had not been the cause of any serious injuries or burns.

The institution is provided with a paid fire department of eleven men. The chief and two men are on duty constantly. The department is equipped with steamers, hook and ladder trucks, hose and chemical carts.

Last but by no means least, I must mention the system of transfer of patients from New York City to this hospital. On the rear of the train on which I rode to Central Islip, I noticed a steel coach, like the others, but with blinds drawn. Investigation disclosed that this is the hospital car for the transportation of insane patients from the detention wards of Bellevue hospital.

This car is equipped with beds and couches, a small supply of drugs and a diet kitchen. A member of the medical staff and a trained nurse are in charge. The car is detached at Central Islip station and pulled by a small engine over the institution's tracks direct to the doors of the receiving cottages.

I was informed that this system of taking patients from New York City prevails in all the hospitals which serve what is known as the metropolitan district.

Patients in this State are transferred from the Chicago detention hospital to Elgin, Kankakee and Chicago State Hospitals in ordinary day coaches; in some instances of very ancient age. They are frequently bound and restrained and it is seldom that they are accompanied by any one but deputy sheriffs.

At their destination it is necessary to herd them or pack them into automobiles or other public conveyances, and to haul them to the hospital.

Our system has frequently been attacked and criticised, and very justly so. I learned at Central Islip that it is unnecessary to treat patients in this manner.

The net per capita cost at this institution was given to me as \$190 to \$195 a year.

## THE CHILDREN'S VILLAGE

THE CHILDREN'S VILLAGE, DOBBS FERRY, N.Y., February 24, 1914

The children's village at Dobbs Ferry is a private institution for the care of dependent and delinquent boys. It is located in the hills two miles back of Dobbs Ferry. From the highest points one may catch glimpses of the Hudson River and the Catskills beyond.

Adjoining the land are St. Andrew's golf links, made famous by Andrew Carnegie's playing, and touching at another point is the imposing home of Robert G. Ingersoll, whose widow resides there, while nearby is the Rockefeller estate.

All through the hills and valleys, accessible by winding hard roads, are located the homes of rich New Yorkers.

The children's village is so laid out and arranged that it appears no different from other settlements among which it is located. No two of the houses are alike, and while they are arranged about a rectangular field, one catches the idea of freedom, liberty and natural environment which its builders designed should prevail.



The organization which is responsible for this village is an old one of which prominent New York men and women have for a long time been members. For many years it conducted in the city the old style orphanage, with its barracks and severe walls. Several years ago the spirit of the times aroused these men and women to the fact that the orphanages, so called, must change their policies entirely, in order to do constructive work and meet a new public viewpoint upon the care of such dependents.

About eight years ago 288 acres of land in these hills were purchased at an average of \$500 an acre. This land today could be sold within twenty-four hours for \$5,000 to \$6,000 an acre. Very little of it is tillable, but last year the boys harvested 17,000 heads of cabbage, 3,000 bushels of potatoes and furnished the institution during the season with fresh vegetables of all kinds.

At the present time there are twenty-seven cottages, each containing twenty boys, each being a family to itself. In some of the cottages there is a man and his wife. The eight cottages for small boys are in charge of matrons. The other cottages have men and their wives. The house father and house mother start at \$45 and \$25 and maintenance. The second year they receive \$50 and \$30, and the third year \$55 and \$35 and maintenance. Because of the small population of the cottages classification is close. The Board of Education of New York City inspects and supervises the school and the Board of Charities of New York inspects and supervises that portion of the population considered delinquents.

The City of New York bears a portion of the expense of maintenance of each boy committed, and the difference is raised by private subscription.

This institution is designed for Protestants exclusively. There are no girls. Colored boys occupy three of the cottages.

Gardening, fruit growing, printing, telegraphy, tailoring, carpentry, plumbing, tin, leather, electricity, painting, bricklaying, cement and sloyd are the occupations.

The minimum and maximum ages of the boys are seven and sixteen years. Except in a few cases all boys are kept two years, when they are eligible to be placed in homes. Seven thousand have been placed out by this institution.

The Children's Aid Society of New York City visits all the boys who have been placed out at least twice a year, except where the homes are known to be extra good, in which case visits are made once a year. Children placed in other states are visited by agents of the State Board of Charities of that state, or by a visitor from a recognized children's aid society located in that state.

In the honor cottage there are single rooms for the boys. Meritorious conduct entitles a boy to one of these rooms.

The school is a modern new building, costing more than \$100,000. Its teaching corps consists of a principal, an assistant principal, eight teachers and one instructor in music. The house fathers are the manual training teachers.

So far the institution with its boys, under the direction of teachers, have erected two buildings.

The teachers receive from \$35 to \$40 and maintenance. The school is in session ten months a year. There is no corporal punishment. The discipline consists of standing on line, deprivation of privileges, such as visits by parents, commitment to the correctional cottage, where the boys are required to work all day at disagreeable out-door tasks, such as shoveling coal and digging trenches. They are not allowed to mingle with other boys.

A permanent record of all discipline is kept and the superintendent is informed every day just what discipline has been administered in each cottage. The superintendent must first give his approval to punishment for offenses of serious character.

The principal of the school is a psychologist, having had training at Vineland, N.J. He is applying the Binet tests and keeping a record of the results. Classes for backward children, with specially trained teachers, have been organized.





MRS. NETTIE MCFARLAND MCGOWAN, OF CHICAGO  
New Superintendent; Illinois Soldiers' Widows' Home, Wilmington



The boy on arrival at the village is placed in the house of reception. Here he remains eighteen to twenty days while a mental and physical examination is made. If he is infected, or his mentality is below par, or he is feeble-minded, he is returned to New York, where other disposition must be made of him.

Special attention is paid to the food and diet of the children.

The pay-roll includes seventy-eight people and the per capita cost was given to me at \$202, a figure, I confess, I can not understand, in view of the service. The population is approximately 500 boys.

The superintendent, Mr. Guy Morgan, was an officer in the Ohio School at Lancaster under Col. C. B. Adams' superintendency of that institution.

## BLOOMINGDALE

BLOOMINGDALE, WHITE PLAINS, N.Y., February 25, 1914

Bloomingtondale is probably the best known private institution for mental cases in this country. I visited it because I wanted to get an insight into the work of a first-class private hospital for the insane.

I found it very much different from a state hospital in its methods of care and treatment. Very little attention is paid to expense. The institution is rich, most of its patients are able to pay high prices for the service which they receive, and it seems to be prepared to give value received.

The capacity of the hospital is about 360, yet its medical staff consists of its superintendent and nine medical officers. There is a chief nurse and 140 in the nursing service. These include the maids who do the light domestic work on the wards. There is also a force of attendants, both male and female.

For entrance upon the nursing service rigid requirements must be met. A very high-grade training school for nurses is maintained. The course is three years, one year of which is practical experience in a general hospital in New York City. The graduates of this school are eligible to take the state examination for registration, and should be able to pass it readily.

The per capita cost is \$20 a week. Some patients pay as high as \$150 a week for treatment and service.

Special attention is paid to occupation. All patients are required to do some constructive work. Four experienced women are employed to do the teaching on the female side. The same number of men have charge of the male side. Plans are being drawn for a large building, to be occupied for industrial education.

The hydrotherapy is in the basement and is very complete. It is used extensively. According to the advice I received, this department should be on the first floor.

The wards for disturbed patients interested me. On the worst there were sixteen patients, but they were so far separated that they did not spread the contagion of excitement from one to the other. There were six nurses in charge.

The finest feature of the work here is the treatment of those classes of insane who are likely to deteriorate, such as the dementia præcox group. It is re-education. The principal object is to keep the patients exercised and employed.

There are seven female patients on the dementia præcox ward, and each has her own room. These rooms are all different in their furniture, arrangement and wall decorations.

A full day is planned for each patient and every minute is taken in work or activity of some kind. By this means the patient is maintained or held above that horrible level into which, otherwise, she would rapidly sink. It seems to me that here is a secret of one great improvement which can be made in our State hospitals.

Along with this occupational instruction and activity this class is studied thoroughly and critically by psychologists. Practical psychology has

been applied to their study and improvement. Through it some very excellent results have been obtained in getting the individual's real history and being able by proper use of the facts to so treat as to arrest and retard deterioration.

Very conservative statements were made of the value of psychology, and no radical claims were made for it, but as a measure in treatment it was well recommended.

Exceptional care is taken of nurses and employees. They have their private dining-rooms and kitchens and their quarters are excellent. They also have their clubs and associations.

Our State service could learn a great deal at this institution. We can never expect, of course, to provide the luxuries that are afforded here, but many of the methods of treatment can be adopted in the state hospitals.

### LINCOLN AGRICULTURAL SCHOOL

LINCOLN AGRICULTURAL SCHOOL, LINCOLNDALE, N. Y., February 25, 1914

This institution is one of the noted experiments of the day. It is a branch of the New York Catholic Protectory, which is the largest Catholic organization for the care of children in this country. It is under the charge of the order of Christian Brothers, Brother Barnabas being director and the moving spirit. He is a man of high attainments, lofty ideals and a wholeness of spirit that have made this experiment so eminently successful.

There are 600 acres in this tract of land. There is a large central building constructed of rocks gathered by the boys from the farm.

Brother Barnabas would prefer cottages but his board erected a congregate building. It includes the dormitories, the offices, schoolrooms, dining-rooms and kitchen.

Each dormitory is in charge of a brother, who occupies a room overlooking it.

The institution is designed to give the city boy of New York a practical and thorough course in farming and allied occupations.

Brother Barnabas was connected with the Catholic Protectory, in New York City, having charge of the placing out and parole work. Many of the boys were sent to New York farms and proved to be failures. They were wholly unfit for their new environment. They had not the manners which were required in the better homes, and were wholly ignorant of farm life and work. He concluded that if the Catholic boys of the Protectory were to be placed upon the farms of New York State, with any degree of success, it would be necessary first to give them a practical training.

It required a good many years of hard work to convince the authorities that his plan was worthy of consideration, but he stuck to it with a commendable tenacity, and is now demonstrating that he was right.

Boys are selected from the Protectory and sent to him. They are given a half day of school. There are no fads in this school; only the fundamentals are taught and especial attention is paid to the practical problems of farm work. That is to say, the questions of arithmetic are worked out not only in the schoolroom on the slate and blackboard, but also out on the farm. Boys learn to measure wood in the schoolroom. They also learn to measure it out in the woods. They learn in the schoolroom how to dig a ditch—how many yards of earth must be removed in a given dimension—and then they go out on the farm and do the thing.

Dairying has become a specialty on many New York farms; consequently Brother Barnabas is teaching his boys not only how to take care of a cow scientifically, but also how to erect a modern sanitary barn, and also how to care for the milk.

All the cows are carefully washed; every day the weight of milk given by each one is recorded and her feed is allotted to her according to her product. Bacterial count is made each week by the boys. Just enough chemistry of the dairy is taught to be of practical use. All the milk from the dairy is certified and the surplus is shipped to New York.



The main dairy is a very modern fire-proof structure, such as a rich farmer would build. Brother Barnabas realized that in the transformation of many farms in that state it would be necessary to use old buildings, consequently he took a crowd of boys and rebuilt an old unsightly, unsanitary cow barn (which was on the place when it was bought) and from it is now supplying certified milk.

For the farm of moderate means he had his boys construct a dairy barn, perfectly sanitary in every respect, but costing a moderate sum of money.

The cottages which were on the farm when it was bought, the boys have enlarged and made over to their own use. They are very plain but comfortable, and present about the average environment the boys will find on the farms of New York State.

Careful attention is paid to table manners, and the boys are instructed how to behave and care for themselves in the society of such people as they will come into contact with in the rural districts.

All boys are placed on their honor. There are no bars or restrictions. Their dormitories are plain but very well furnished. Each lad has a steel locker for his clothing.

The Brothers are all college men and each one gives attention to a specialty.

The per capita cost runs from \$250 to \$270.

A modified form of the republic system of discipline is in vogue and has proven very successful.

The institution is inspected by the State Board of Charities and co-operates with the various state departments which are concerned with the subject of conservation. These departments send their lecturers to the school. The State College of Agriculture supervises the farm and dairy work.

Illustrating the class of boys who are educated here, Brother Barnabas cites the incident of forty boys who arrived in one crowd, not one of whom before that day had seen a cow.

This place is one of the best illustrations of the fact that an institution is not a collection of buildings and equipment, but a living, animating, dominating spirit pervading all, from the superintendent to the latest arrival.

## HEBREW SHELTERING GUARDIAN SOCIETY

THE HEBREW SHELTERING GUARDIAN SOCIETY  
PLEASANTVILLE, N.Y., February 26, 1914

This is the new plant of the Jewish Protectors of New York City. Brother Barnabas urged me to see this institution, saying without qualification that it is the best of its kind in the United States, and is doing more practical work than any other orphanage in his knowledge.

Like Dobbs Ferry, this one has been erected on the cottage plan, in the country, forty miles from the city. At one time it was housed in New York City in a barracks but has now given way before progressive public spirit.

A New York firm of architects laid out a complete institution, consisting of schoolhouse, manual training shops and thirty-eight cottages. A symmetrical arrangement of these cottages about extensive open courts and gardens completes an architectural scheme of rare beauty.

The cottages are all frame, covered with stucco. Seventeen of the cottages are now occupied. Six are to be erected this year. The ultimate capacity is to be 1,200 children.

The city of New York pays a portion of the expense of maintenance and the rest is supplied by private subscription.

Both boys and girls are admitted to this institution, but there is complete segregation except during school and church hours. There are two play grounds, each of them supervised and provided with modern up-to-date equipment which cost \$4,500.

The remarkable feature of this institution is its school, which has a principal and twenty-five teachers, including those in the technical departments. A complete high school course is given, so that those who graduate are entitled to take the examination for entrance at Columbia.

The children are graduated from the high school course and the technical schools at the age of sixteen, when they are placed in private homes or returned to their own homes.

The technical schools are equipped with the latest machinery and apparatus. Each machine is motor-driven. Instruction is given in Venetian iron work, manufacture of cold steel tools, electricity and many other vocations and occupations.

The girls are given a complete course in domestic science and domestic arts.

I have never seen such animation in a schoolroom. Dr. Bernstein, the superintendent of the entire institution, is a dynamo of energy, and when he enters a schoolroom and takes charge the very air seems to be charged by his presence. In short, the administration throughout is of a different type from that I found in any other institution, either public or private.

To as large an extent as possible the boys and girls govern themselves. Each cottage is under the control of a matron who is Jewish, though some of the other employees of the institution are Gentiles.

Dr. Bernstein appoints the president of each cottage. The vice-president of the cottage is elected by its children. Each side of the institution has its Republican form of government. There is an election day each year. Each sex elects a president of the Republic; therefore there are two presidents, one a girl and one a boy.

It is the business of the president to keep close supervision over the acts and conduct of the children of his republic. The cottage presidents and vice-presidents, on each side, form a council which holds regular meetings and discusses the good of the Republic.

Every day the matrons meet with Dr. Bernstein to talk over the work of the institution, and on each Friday, the matrons have a school of instruction under the direction of Dr. Bernstein.

One of the big features of this Protectors is its school for matrons, where women are trained to have charge of Jewish orphan children. Their training includes not only housekeeping, but methods of religious and secular education of Jewish children.

The students are encouraged to form clubs of all kinds and there are a score or more of such organizations.

The hospital is a very strong point such as is not found often in an orphanage. This is a large building of beautiful design, arranged and equipped upon the lines of a modern hospital. It has its staff, who have the assistance of expert consultants from New York City. The object of this hospital is not so much to treat sickness as to prevent it. To build up the child into a strong, vigorous, well-equipped adult, is its first thought.

The children throughout the institution are weighed each week. If a child falls below weight or does not gain properly, he is at once sent to the hospital for examination. Laboratory tests are made and he is carefully studied by the staff and the consulting physicians. After diagnosis has been made the proper treatment is prescribed.

A number of the children who arrive from New York City are more or less anæmic, and most of those in the hospital today were of this class.

The dentist is present four afternoons a week and receives \$80 per month. The physician receives \$150 a month. The consulting physicians come once or twice a week.

Children on arrival from New York are placed in the receiving cottages, where they are carefully watched and examined. The Binet tests are applied; the teeth, nose, throat and ears are given attention, and prescription in each instance is written.

Children are dressed in individual dresses. They wear their hair as they choose and the development of individuality is encouraged by all, so

that as one sees the children about, the first thought is that this is a boarding school.

There is a dual system of inspection. One inspection is made by a woman who looks after the work of the cottage; that is, how the children are employed and what quality of service are they giving. Three inspectors look after the sanitary conditions of the cottages, making and inspection of the kitchen and furniture to note whether the floors, furniture and beds are clean and properly kept. These two inspections are made daily, of all the cottages. Women of long training have been selected for this duty. By this system the superintendent is kept in close touch with each cottage. He can know at once whether the cottage is in proper sanitary condition and whether the quality of work done by its matron and the children under her is up to standard.

As a consequence of this system, and of the thorough discipline and wholesomeness of spirit that pervades the institution, the employees and children alike are kept on keen edge of interest, and the result is a place that is up to the minute, no matter what hour one may enter to look it over.

At the present time there are 678 boys and girls present. Dr. Bernstein gave me the per capita cost as \$250 to \$260.

The plant as it stands represents an investment of a million dollars. About as much more is to be put into it.

Like the cottages, the schoolhouse and service buildings and power plant are kept in perfect condition, and there is the same thorough up-to-dateness throughout them.

## BEDFORD HILLS

BEDFORD HILLS, N.Y., February 26, 1914

The New York Reformatory for Women is located at Bedford Hills and I visited it today because of the reputation it has achieved through the work of Dr. Katharine Bement Davis, its superintendent, who has just been appointed superintendent of correction of New York City by Mayor Mitchel.

The reformatory is located in the hollows of the hills, three miles back from the village of Bedford Hills. There are 527 girls present, ranging in age from sixteen to thirty. Three years is the maximum term, but they go out on an average of eighteen months.

There is a day school, which has four teachers, but principal attention is given to out-door occupations. For instance, there is a farm cottage where eighteen girls live, who do the bulk of the farm work under the direction of a woman farmer. They have a model dairy. The girls do not plow, but most of the other work falls to their lot. There are no bars on the farm cottage. A poultry plant is soon to be established. The girls cut the ice on the pond and assist in filling the ice houses, of which there are four. A man plows the ice, horses pull it up, and men stack it away inside. The rest is done by the girls.

They do much of the cement work. They have built pig pens, laid many walks, and erected a silo and root cellar.

None of the old buildings are attractive. They look not unlike foundries or machine shops. There are several new cottages which are modern in their plan and construction.

Appropriations have been made for the erection of seven new buildings this year.

The interest in this institution centers about an experiment which has been financed by John Rockefeller, Jr. He has erected a very beautiful house which accommodates fifty girls. It is located nearly a mile from the institution group. The equipment of the new laboratory of this building cost Mr. Rockefeller \$13,000. The building itself cost \$78,000, exclusive of furniture. The object of the building and the laboratory is to study scientifically each girl as she is committed by the courts.

The laboratory staff consists of a psychiatrist, two sociologists, two psychologists, two field workers, a statistician and stenographer. Later a bio-chemist will be added.



This cottage is not barred, notwithstanding it is occupied by new girls. The superintendent has opened it on the theory that all girls as they enter are worthy of confidence, and to begin life anew, without thought of the past.

The girls are here to be studied by all of these specialists. A new system of mental tests, which will be applicable to their ages, is being worked out. Only those girls will be kept who, it is believed, can be improved. Those who are below par mentally, or are feeble-minded, or whose social condition and history are such as to preclude all chance of reformation, will be returned to the committing court. Those who remain will be trained and instructed under the direction of the staff. As a result of the study by this staff and of the tests which will be made, it will be possible to say to the superintendent, "This girl is likely to make a better factory worker than anything else; this one is adapted to domestic service on a farm; this one may make a success as a stenographer."

This experiment has been received with more or less doubt by the public and by some students in sociology and penology, but the money has been provided that it may be made, and it will be definitely determined here at Bedford what field such a laboratory has in a reformatory or penal institution.

The annual expense of this laboratory will be divided between Mr. Rockefeller and the state. Those expenses which the state would have to meet, were the girls in simple custody, will be paid by it, but the expense of the experiment will come out of the Rockefeller funds.

### COLUMBUS STATE HOSPITAL

COLUMBUS STATE HOSPITAL, COLUMBUS, OHIO, February 28, 1914

On the walls of the waiting-rooms of this institution hang a number of photographs of exteriors and interiors, with certain data and figures relative to construction and cost. The inscription says that it was erected in 1878, to accommodate 1,100 patients, and cost \$1,500,000 or a trifle less than \$1,500 per patient.

At the time this institution was erected both material and labor were, relatively speaking, considerably lower than at present. Yet we have here a pure type of the congregate institution that, in a period of cheap labor and material, cost approximately \$1,500 a bed. This is the most important information that I secured at this hospital.

The service rendered to the patients is very much like that in the Illinois institutions. The hospital is overcrowded. It has one central dining-room, which accommodates 1,000 patients. The rest of the patients dine on the wards. The light is bought from the state prison at 2 cents per K. W. During the winter the light bills run up to \$1,000 a month. The superintendent told me he believed the institution could make its own light for less money.

A feed water heater, purifier and oil extractor is being erected in the hope that it may solve a difficulty which appears to be very much like that we have at Kankakee. This heater is made at Dayton, Ohio, by the Moffat Company. It is guaranteed to remove the carbonates. Its capacity is estimated at five tons every four or five weeks.

I do not know whether there is any merit in this heater or not, but the engineer at this institution is quite enthusiastic about it.

### THE OHIO INSTITUTION FOR FEEBLE-MINDED

OHIO INSTITUTION FOR FEEBLE-MINDED, COLUMBUS, OHIO, February 28, 1914

This is a very well conducted and administered institution. There are 1,902 inmates present and seventy-five absent. Four hundred and fifty of the male patients live on the farm, one hundred of whom are workers.

The farm consists of 1,600 acres, nearly all of which is cultivated. It is located fifteen miles away. The hundred boys who work the land are in charge of five men.



The dairy provides the institution with all the milk and butter needed. It furnishes 600 pounds of butter a week. There is milk every day for the coffee and oatmeal, and for occasional ice cream. Buttermilk is furnished for drinking, and the young children get fresh milk once a day.

From 200 to 300 of the children attend the day school. There are eighteen teachers, including the principal and the instructors in sloyd, manual training, cooking and sewing. There are in addition two music teachers, one of whom is the bandmaster. Bead work, basketry and shoe mending are taught. The girls are instructed in domestic service.

The institution is equipped with three research or field workers, two of whom are from Vineland and one from Cold Springs Harbor. The latter is paid a fixed salary out of the Carnegie Fund. The state pays the other two. Two of the three check up family histories. The other applies tests and works up the data. Complete records have been made of 500 different children.

The new children are tested and their histories investigated as they arrive. This is a department that has been urged for establishment in Illinois at Lincoln.

I am impressed by the excellent condition in which the inmates are found. They are well-dressed and very clean. The classification is good. Tile floors are used almost entirely in the dormitories and in the dayrooms and connecting corridors. These have been laid in the last few years and certainly contribute very much to appearances and to sanitation.

There are no buildings or wards in this institution like the boys' and girls' cottages at Lincoln, which were erected some years ago when the prevailing theory favored large buildings for housing purposes. The Ohio school wards are smaller and the segregation of grades can be made on a better basis.

### INDUSTRIAL BOYS' SCHOOL

INDUSTRIAL BOYS' SCHOOL, LANCASTER, OHIO, March 2, 1914

This institution corresponds to the St. Charles School for Boys in Illinois. Its population today is 1,070. There are 140 employees on the pay-roll.

The institution was developed and a large number of the buildings erected while Col. C. B. Adams, now at St. Charles, was its superintendent. The land is very rough, but picturesque, and only a small per cent of it is tillable.

Boys of thirteen and under occupy cottages on one side of the grounds; the rest are grouped in cottages some distance away.

The small boys in the first group attend school in cottage schoolroom. The rest go to a general schoolhouse.

The institution is provided with general dining-rooms.

It has a hospital with two resident physicians, who are at present engaged in a general survey of the throats, noses, eyes and ears of the entire population. The school is just emerging from a long epidemic of diptheria, totaling about 400 cases, but there have been no deaths.

There is a chapel in which religious services are held by the different sects; also a gymnasium with bathing pool.

The assistant superintendent of the institution is the superintendent of the schools. The principal of each school also acts as a relief officer, being paid a little more per month for the additional services required.

The boys make all the shoes. There are industrial shops of various kinds. Corporal punishment has been abolished, and disagreeable work substituted as a means of severe discipline. Sawing wood in a woodshed appears to be very unpopular with the boys.

The newer cottages follow the same general plan. I do not believe they compare with the cottages erected at St. Charles. Two or three of the cottages and general buildings were erected by the boys, who also made and fired the brick and prepared the lumber and trim in their shops.

The two features of this institution which attracted my attention were the hospital service and the classification of the boys, according to their ages.

## OHIO STATE COLONY FOR EPILEPTICS

OHIO STATE COLONY FOR EPILEPTICS, GALLIPOLIS, OHIO, March 3, 1914

Ohio was the first state to assume care of its epileptics, and this institution was located at Gallipolis, on the Ohio River, in 1893. Many of the buildings are old. Some of the patients are eighty years of age.

The institution backs up against the hills and merges into the city itself. The buildings sit upon a flat plain and there are no natural means of segregating the sexes, and the different classes of each sex. The result has been a number of ugly scandals growing out of this crowded condition.

There is a group of cottages known as the Hillside Group, which are comparatively new. In many respects they are very good and are not overcrowded.

The best cottage, that is the one most nearly approximating normal life, is an old farm house, which has been remodeled, to take care of the little girls. This is such a house as the average child would live in if he were at home.

The cottages for the disturbed and demented classes were distressing to look upon. The exterior is foreboding and prison-like, and little effort has been made to beautify the interior.

The dormitories through the institution are fairly good, having plenty of light and ventilation, and are well kept.

Connection between the various floors of the buildings is by means of stairways. Dr. G. G. Kineon, who has been superintendent for a number of years, is opposed to inclines. He says there have been very few accidents because of patients falling on the stairs. The best idea, he believes, is to provide frequent landings, with not more than five steps between them. In some of the buildings there are rounded corners but there are also plenty of square corners and sharp edges.

The tables and benches have projecting edges. The superintendent is inclined to believe that there is not much merit in the rounded corner theory.

A school is provided for the small per cent who are teachable. No effort is made to advance them beyond instruction in reading and writing so that they may be able to write home and to read the letters received.

The patients are taught to do domestic work, raffia basketry, farming, dairying, etc. All the laundry work is done by inmates under supervision. The clothing for the females is made here, and all the males' clothing is mended. No attempt is made to manufacture shoes, but cobbling is a profitable occupation.

Of the 550 acres only 100 are tillable, with the use of much fertilizer.

The laboratory is an interesting place. Much research has been made here and a specimen-room contains a large number of epileptic brains. At present time a series of tests to determine the prevalence of syphilis among epileptics is in progress.

The Nuguchi or Butyric tests and cell count are to be made of all the patients in the series with a Wassermann to confirm in cases of doubt. A series of tests to determine the prevalence of sugar in the secretions have about been completed, and the report will appear later. The laboratory is well equipped.

The colony has a hospital for the girls, which is very pleasant and complete. The boys are not so well cared for.

The staff meets daily and holds a clinic each day in the girls' hospital. Much work is done in compiling histories. Field workers are employed to get family and patient histories.

Patients have much freedom in certain of the wards. There are mild forms of restraint. Screens appear on practically all dormitory windows.

The males are permitted to go to town about as they please. They carry cards signed by the superintendent which gives them this liberty. There are certain restrictions which they must observe or they will lose this privilege.



HON. WILLIAM F. SHULTZ, OF CHICAGO

New Superintendent; Illinois Industrial Home for the Blind





Girls are not permitted to leave the grounds unless in company of a female employee. For amusements and entertainment the patients generally go to town.

On the grounds there are facilities for baseball, croquet, football and tennis.

Those of fair mental condition appear to be very happy. The little ones are particularly so. Many of them have been rescued from county almshouses and homes in which the conditions of life were deplorable.

The superintendent gave me his opinion that colony life has a decided tendency to arrest the deteriorating processes of the disease, but ultimate decay and dementia must appear, inasmuch as, in nearly all cases, there are complicating brain lesions other than those responsible for the epilepsy.

In building a new colony, Dr. Kineon says that he would scatter the cottages so as to secure better segregation. In a very large measure, he said, the care of the epileptic is a question of custody, involving educational rather than medical problems.

That there is need for such an institution in every state is manifested by the population here, which today stood at 1,530.

## INDIANA COLONY FOR EPILEPTICS

INDIANA COLONY FOR EPILEPTICS, NEWCASTLE, IND., March 4, 1914

Indiana has set out to build a colony here for epileptics which will embody the very latest and best ideas found in all the other state colonies for epileptics.

A tract of 1,224 acres of land, three miles from the city of Newcastle, has been selected. Some 600 to 700 acres are tillable.

The nuclei of three colonies have been erected. The plan is to operate the males and females by at least a mile—then of each sex to classify and segregate according to mental condition.

These colony units will be widely separated and will have no communication with each other. The topography of the land lends itself to this scheme. The separation of the sexes will be by means of a long wide valley, with elevations along each side. These elevations are cut up by ravines which center into the valley. The colonies will be erected on the knolls, but each will be an entity.

The administration quarters and the storehouses will be in the center of the farm. From them each colony can be seen.

So far with one exception only one story buildings have been erected, and it is the intention to follow this policy throughout the development of the institution.

These buildings are the best in almost every particular that I have seen. They are of a rough hard brick of very pleasing shade of red, erected upon concrete foundations.

A typical colony unit includes a large building with dayroom in one end and the dining-room in the opposite and connected by corridor along the front, into which the entrance opens. Along this corridor are the rooms of the employees of the colony.

In the basement there is a heating plant for the buildings of the colony.

There is a separate building for dormitory, built "V" shape. The interior walls of these buildings are of brick, which have been painted and enameled. The radiators are suspended against the walls high enough to prevent patients from burning themselves.

The toilet and bathing facilities are ample, which is one of the very commendable features. The colony is in charge of a supervisor and his wife, and six employees. These, with the patients, do all the work, keep up the fires and have charge of the poultry yards and all other work which it undertakes to do.

There are cement or tile floors and slate stairways throughout. No attempt is made to round the corners. The superintendent told me there is nothing in this idea. He also made the statement that patients who fall on cement or tile floors do not sustain as serious or ugly wounds as those

who fall on wood floors; therefore, as an economic measure and for sanitary reasons, he advises cement or tile floors in such an institution. The dormitory is supervised by a night watch, who spends all his time there.

Nash cottage, with accommodations for twenty-four adult epileptics, who are unable to do any work, is the only two story structure on the farm. It is equipped with its own dining-room and kitchen. Five employees are required here.

The original colony, the superintendent is of the opinion, has not been much improved upon by those erected later. It consists of three small buildings, each of one story, and accommodates fifty adults. The population here was taken from the jails and poorhouses.

One building is used as a dayroom. In one of the buildings is a dining-room with employees' quarters. The third building is a dormitory. The cost of these simple little structures was only \$15,000, or a per capita of \$300.

You will notice that the plan here is to separate the dayroom from the dormitory and the kitchen and dining-room. The arrangement of toilet-rooms and the separation of shoerooms from all living quarters are commendable ideas.

There is a new colony known as Number 2, which consists of one story brick buildings for the smaller boys, but in its general plan it is like the first colony I have described.

So far no school has been opened. The institution is of recent origin and has only 228 inmates, all of them males. Later on school facilities will be added and it is expected to introduce hydrotherapy for the disturbed and restless classes.

Outdoor work prevails. The colony is run on the theory that the care of the epileptic is an educational and not a medical problem. Every effort will be made to keep the inmates employed.

The superintendent, Dr. W. C. Van Nuys, is the only medical man present. His institutional experience was secured in state hospital for the insane, and his inclination in beginning the development of this institution was to consider it as a medical problem. He changed his views, however, very soon after starting the work.

Dr. Van Nuys has had the support of the State Board of Charities and of his Board of Trustees in his policy of developing very slowly and incorporating only the best and latest thought in plans and construction.

The whole scheme of this colony, from its inception to the present time, appears to me as one worthy to be followed in Illinois. So little is known about epilepsy or epileptics, and the experience of the public in dealing with this class of patients in a state institution is so limited, that it seems wise to proceed as Indiana has.

I think that one can safely recommend that Illinois follow the policy which has been so successful, so far, in Indiana.

Particular attention should be given to the Newcastle idea of separation of the sexes and segregating the classes of each sex, and making the colony a group of sub-colonies, each an entity in itself.

I think by this method we will nearly approach the normal environment which we now recognize to be so necessary in large public institutions.

#### INDIANA SOUTH EASTERN STATE HOSPITAL

INDIANA SOUTH EASTERN STATE HOSPITAL, MADISON, IND., March 5, 1914

This hospital for the insane was opened four years ago for the reception of patients. It is a complete new plant, erected upon a plan selected in competition among architects.

The institution is in duplicate, the male and female sides, cottage by cottage, being exactly alike in construction and design.

The hospital stands on the edge of a precipice, 550 feet above the Ohio River, and overlooking the town of Madison, Ind.

There are 364 acres in the tract and the total cost of the institution so far is \$1,500,000, with a population of 1,040 patients

The hospital was planned by Dr. S. E. Smith, dean of the Indiana service, and for many years superintendent of the state hospital at Richmond.

Each building was designed for a particular class of patients.

The institution was constructed by a commission, who followed the plans laid out by Dr. Smith. When it was ready for patients it was turned over to its Board of Trustees, who selected a superintendent.

The administration building, in which are the quarters of the superintendent, and some of the medical staff, stands out in front of the first file of buildings along the brow of the hill. On each side of it, but standing back, are the reception buildings for males and females.

Beyond these two buildings is a three-group structure, joined by an arcade. One building of the three is intended for hospital purposes. The other building, of similar size and design, is the infirmary and between them is a smaller building for diet kitchen and dining-room.

Still beyond this group, on each side, are the cottages for convalescents. Immediately in the rear of the administration building is the domestic service, a very large structure which contains on the second floor an amusement hall and certain living quarters.

On the first floor there is a general kitchen, dining-rooms, bakery and cold storage. All these are on an ample scale. The dining-rooms are located in pavilions, one on each side of the kitchen, with serving-rooms between. Four hundred females occupy one room, 450 males the other.

The tables are large enough for eight patients. They are covered with cloths and are provided with knives, forks and spoons. This is the rule, with one or two exceptions.

The very large kitchen divides into a "Y" in the north end. In one prong is the bakery and in the other the refrigeration.

The interior walls throughout this structure are of brick, painted and enameled; ceilings are metal. The mop boards and the stairways are of black slate and the floors of white tile. In the kitchen and dining-rooms there is a wainscoting of enameled brick. This service building is unusually good in every respect.

The cottages for the chronic insane are erected on parallel lines extending north from the service building.

In the middle of this rectangle stands the power plant. A light yellow, smooth-faced brick has been used for the exterior walls of all buildings; the roofs are of slate.

No attempt has been made to produce architectural grandeur or style, but the buildings are all symmetrical and are very pleasing to the eye. The largest buildings accommodate seventy-five patients, and the smallest forty-five. Some of the buildings are one ward. Others contain two wards. At the present time the capacity of the institution is just about taken up.

Dr. Busse, the superintendent, received his training in a congregate institution, but is a convert to the cottage plan and in every particular approves of it, as expressed at his hospital.

The infirmary and hospital groups on each side have their own dining-rooms and diet kitchens, but the general kitchen furnishes the basis of the meals.

The receiving cottages contain eight small dormitories, running from four to eight beds. The rest of the patients occupy single rooms. The doors into these rooms have two long narrow open panels.

A few of the buildings are provided with screens.

Porch floors and floors of connecting corridors are made of square red tile.

The convalescent cottages are as near a home as it is possible to make them. They accommodate about thirty each. There are sliding doors by means of which the main floor may be divided into rooms; otherwise practically the whole first floor is open.

On the so-called bad wards, the capacity of each is forty-five. Along one side of the corridor are the single rooms. On the other side are large rooms with bay windows, which form the dayrooms.

The power plant is modern and contains a home-made convenience which would attract attention anywhere. The conveying of coal and firing is by patient labor. Platforms and inclines have been erected, leading from the



ground to the level of the coal cars, thence to the front of the boilers. In front of each boiler has been erected a steel box, 12x16x8 feet, the top being open. The patients use wheelbarrows and dump their coal into these boxes, from which it is shoveled through openings at the bottom along the side facing the boilers. By means of this system the fuel is much more easily handled and the boilerroom may be kept absolutely clean.

Water tube boilers have been installed.

The Pennsylvania Railroad has built a track from North Madison into the grounds as far as the service building, a distance of nearly two miles. The railroad built and stood the cost of this track.

A large amount of work remains to be done upon the grounds.

There is a nucleus for a fine farm and dairy center and those roads which are almost completed give an idea of the excellent quality of roadways yet to be constructed.

The medical staff consists of the superintendent and six physicians. There is a laboratory upon a small scale. The Legislature so far has not seen fit to make an appropriation for a pathological building, but it is hoped this very essential structure will be secured soon.

Every ward and all the departments are equipped with pneumatic clocks, operated automatically from a master clock in the power-house.

Special attention was paid to the clothes rooms and toilets, to make them large enough, and to give them ventilation. Some of the clothes rooms had two windows and there is ample space for the proper care of clothing.

The architect whose plans have been carried out here, has been engaged, I was informed, as consulting architect by the state of Louisiana, in the erection of a new hospital for insane, which is almost an exact duplicate of this one.

There are many excellent features in the planning and construction of this hospital. Its uniformity of architecture and material makes it entirely different from any institution I have visited.

The original idea was to complete the hospital before any patients were admitted, but when it was possible to take care of 600 patients, it was thrown open and the other cottages finished later.

Respectfully submitted,

A. L. BOWEN

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#### FOURTH ANNUAL REPORT STATE CHARITIES COMMISSION

SPRINGFIELD, ILL., December 31, 1913

*To Hon. Edward F. Dunne, Governor of Illinois.*

SIR: Having filed with your office semi-annual reports of the receipts and expenditures of this department, and having printed from time to time in the Institution Quarterly accounts of our work, there remain for us to incorporate in this, the fourth annual report of the Charities Commission, only those recommendations which we feel impelled to make as a result of our year's investigations.

In doing this we call your attention to the recommendations made in the third annual report of this commission.

Particularly apt do we consider at this time the recommendation made then as to State psychopathic hospitals and the separation of the acute from the chronic classes of insane, each in its own type of institutional building.

The State is about to adopt plans for the new hospital for insane at Alton and the colony for epileptics at Dixon. We urge you to use your influence that the mistakes of the past in State hospital construction may be avoided and only the most advanced ideas adopted.

We believe that in these institutions Illinois can, without extra expenditure of money, either in first cost or in future maintenance, organize and construct an institution which shall be a marker on the frontier of service, just as the cottage plan hospital at Kankakee, the first of its kind in the world, has served during these years to demonstrate the foresight of its designers.



Great improvement can be made over the Kankakee plan at a saving of money even though the cost of building is now higher than it was then.

There should be complete separation of the acute and chronic services. The two are barely related.

The buildings for the acute service should follow the lines of a general hospital for sick. The administration offices may be located in them, but they should not contain living quarters of employes or physicians.

Both the superintendent and the members of the staff should be housed in separate buildings designed for their purpose.

We oppose the congregate form of construction for the chronic wards. There are many forms of the congregate system. One of these consists of large buildings, called by sufferance, cottages, and connected by arcades or semi-open corridors which are exceedingly expensive and serve little practical purpose.

For this large class of the insane we believe in the colony system. We are in favor of the plainest possible architecture. The cottages should be of one story. There should be a central kitchen and dining-room for a considerable number of these cottages.

These structures can be erected at comparatively small cost. There is no expense for basement; the walls do not have to be heavy to carry higher stories. They are easily ventilated. All patients are under easy, close supervision. Danger of fire is reduced to a minimum and the number of employes necessary in the attendant force ought to be less. They can be so arranged as to accommodate a certain number of patients according to air space regulations and no more, thereby preventing overcrowding, which is always possible and generally found in a two and three story building. If basements are constructed, the temptation to use them for kitchen and dining-rooms, or even dormitories, is too strong to resist.

Such form of construction for chronic insane has been in vogue in Germany, Belgium, France, Scotland and even in Japan for many years. In those countries the colony plan has been considered eminently successful.

We believe that with certain modifications it will be successful in this State, and our new hospital should not be erected until its possibilities have been thoroughly studied and considered.

In this connection we desire to call your attention to a few examples of this type in our present institutions.

At Peoria and Elgin State Hospitals a few years ago there were erected small brick, one-story buildings, to be occupied for industrial education. They are plain as plain can be. They have concrete floors. There are large windows, such as one would find in a factory of modern design. The buildings are open from end to end, side to side, and to the roof.

The steam pipes are carried along the walls, high enough above the floors to prevent one coming in contact with them. The demand for patient-rooms being too great, the original idea was abandoned and they became wards.

At Peoria the building is occupied by old ladies; at Elgin by working men. They were not designed for patients; consequently the toilet and bathing facilities are not satisfactory, but this is a matter of detail that could easily be corrected in planning new buildings. The water sections should be much larger.

These two wards are the most comfortable in our entire system of State hospitals. No matter what the condition of the weather, they are pleasant. There is excellent ventilation at all times of the year. There are rag carpets on the floor, plain muslin draw-curtains at the windows. There is plenty of artificial light, good rocking-chairs, plain white iron beds, provided with good mattresses, full pillows and white spreads. There is no overcrowding; the inmates are contented and peaceful, and few employes are required. The patients go to the general dining-room for their meals.

We draw your attention to another type of one-story construction which further demonstrates our theory.

At the Peoria State Hospital, the tuberculosis and anemic who should have outdoor life, have, from the very beginning of that institution, lived in

tent colonies, one or two beds to a tent, all tents connected, kitchen and dining-room attached to the colony with a large, airy day-room forming a center.

These structures are of frame and canvas and are heated by steam or hot water.

There is nothing in the State service more comfortable, especially during the hot months. When patients in the costly brick, stone and steel buildings are suffocating in heated, overcrowded dormitories, those in these tents are quiet and contented, because they enjoy free ventilation and adequate air space for a human being to exist in, and all the pleasures of out-door life.

Recently one-story pavilions of frame and plaster have been erected at Jacksonville and Elgin State Hospitals for the same class of patients. The new building at Elgin accommodates forty-five. These buildings can not be overcrowded. They are admirably arranged for easy, ready supervision and accomplish the purpose in mind. An improvement could be made in these buildings by separating the male and female cottages, putting general dining-room halfway between them.

At Elgin the record of weights, kept on twenty-seven patients for a period of five months following the opening of the pavilion, shows that every one had gained, and that the average gain was a fraction more than twenty pounds. Yet the cost per bed of these little buildings, so comfortable and pleasant, so conducive to rest and recovery, not only of physical but of mental ailment, has been much less than that of the old type, even when erected in times of cheaper material and labor.

Other one-story structures similar to those we are advocating, but of brick and concrete, have been erected at Chicago and Elgin State Hospitals. At the latter institution the building is used for untidy demented males. Everything is on one floor. The dormitories are of such form that two rows of beds may be put in and no more.

There are two water sections, neither of which is large enough, and large day rooms. The floor is of concrete.

The cottage at Dunning is the home of some forty quiet women who have parole privileges. It is an attractive, pleasant and comfortable home for these women.

A similar building recently was erected on the grounds of the Kankakee State Hospital, but it was more costly by reason of expensive flooring and plumbing and exterior walls of cut stone. A good quality of brick is sufficient for all purposes.

In the day when there were no telephones there was a necessity in keeping cottages and wards close together, but it does not exist today. They may be widely scattered and yet within the control and supervision of the superintendent and staffs at all hours.

It would be, in our estimation, a serious mistake to erect at Alton a hospital on any of the plans which have so far been submitted. They are too elaborate, too expensive to be carried into effect, and will prove too costly to maintain in repairs and operation. They express but the old congregate plan in new dress, and contain many of the mistakes which we now recognize as such.

Illinois has been advancing rapidly in its charitable service and it should maintain that gait of progress. Here is a place wherein distinctive advance may be made both to the profit of the State and taxpayer, and to the benefit of the patient.

The same points may be made in respect to the colony for epileptics, for which the last General Assembly made liberal appropriations for site and preliminary work.

The colony plan for the chronic epileptic is the only one recognized today by those who deal with these unfortunates. Advice from every source says to us, build plain structures, one story in height.

It must ever be borne in mind that these institutions are not erected to be civic monuments or architectural ornaments for the edification of the

local community, nor are they intended for the comfort of officials and employes.

First and foremost they are for patients or wards of the State. Their needs and their good should be first in the minds of those charged with the planning and administration of these institutions.

It matters little to the patient whether the building or ward in which he is to spend some years, perhaps all of his life, has cost the State \$1,000 per bed or \$500 to \$300, but it is important that he have at hand those facilities and accommodations which will contribute to his recovery or to his well-being and comfort if he is not to recover, and must remain the rest of his years under supervision.

It has been demonstrated that for the chronic insane out-door life, freedom of restraint, no matter what its form, whether bars, screens or watchful peering eyes, good wholesome food, clean beds and adequate air space are the prime necessities. If these can be given to him in full measure and he improves in tent colonies or in frame and plaster one-story cottages of limited accommodations and cost, then in the interest of the patient, as well as taxpayer, this is the form of construction to adopt.

Avoid the prison walls of cold stone and frowning eaves, sombre chimneys and outstretched, ominous, massive, foreboding facades, and give us instead the modest cottage, well and strongly built, with its atmosphere of domestic and peaceful life.

Only a very small per cent of the insane are violent and destructive, and many of these are needlessly so. The vast majority of our custodial cases could live in such homes with comparative freedom from friction, escapes and accident, all of which are now stimulated by the restraint and crowding of hospital life in the old type of cottage or ward.

The proud distinction that Kankakee carries of being the first cottage plan institution in this country is sadly bedraggled in our esteem after we have passed through its so-called cottages, jammed and crowded as they are with mentally sick people, until they contain, in some instances, more than twice the number they were built to accommodate. They are no longer cottages in the sense in which that word was used twenty-five years ago, or in which it should be used today.

#### THE QUESTION OF COST

It is a general belief that the cost of one-story buildings such as we have been advocating is greater than that of two-story structures housing the same number of people. So prevalent is this idea that positive demonstration will probably be necessary to change opinion. But we believe from what we have seen and heard that the one-story building can be erected for the same amount of money, if indeed money may not be saved.

There are no excavations for basements. The cement floors are laid on the ground like a sidewalk. The installation of plumbing must be less expensive. There is no expense for the floor between the first and second stories. They should be without ceilings, leaving the day room and dormitory open to the apex of the roof, thereby insuring greater air space and better ventilation.

Expense must always be kept in mind, but the good of the patient, and therefore the good of the whole community in the long run, must never be subordinated to it. Even though the simple one-story structure should cost a trifle more—and it can be only a trifle more—than the two-story building, the benefits accruing to the patient from many angles fully compensate for the difference. If there should be such difference it should not stand in the way of what we believe to be a progressive measure.

The law provides that the capacity of the new hospital at Alton shall not exceed 1,500. Let the hospital be built, therefore, so that it can not contain a greater number. Let the plans provide adequate room and air space for each of the 1,500, but beyond that let the barriers be high and strong to prevent the admission of more.



## THE FEEBLE-MINDED

The question of feeble-mindedness continues to stir the social worker and the investigator in the manifold problems of heredity and environment.

It is likewise a question in which the State itself has become seriously interested, by reason of the demands upon it for relief. The burden of this class upon the public, by reason of its pauperism, its criminal and anti-social tendencies, is well understood.

Students and inquirers, giving them all credit for seriousness and sincerity, we believe, have overestimated the number of feeble-minded and the importance of their position in society. The ratio of one to every 250 of population in Illinois may be correct, but it is unsafe to accept that figure as final; for so much depends upon the definition of feeble-mindedness and the standard of mentality used for comparative purposes. Yet we are not unmindful of the prevalence of mental defectiveness, and we do not underestimate its dangers, if unchecked, in the pollution of the racial stock. We feel that the subject deserves more investigation and study than it has received in Illinois. We doubt that study anywhere in the United States has been sufficient or has produced enough positive, undoubted and unquestioned information to justify definite conclusions and recommendations.

In a general way it may be said that the feeble-minded should be segregated during the period of their productiveness. But in any such recommendation it must be stipulated that such segregation apply to those classes, who, by reason of their mental inferiority, are unable to maintain themselves in decency and comfort in the free world and who are a menace to the comfort, happiness and liberty of others. Those classes, known as the idiot and the imbecile, are easily determined and they may be segregated without fear of injury to personal rights or individual freedom.

The moron type, so-called, which includes the brighter grades of the feeble-minded, presents the perplexing problems when we begin to discuss segregation and enforced celibacy. Some one has said that the labor of the world is done by the moron type. Like many other statements in this field, this is an exaggeration, though it is true that many men and women are successfully maintaining themselves by their labor who might, under the definitions and standards of the extremist, be considered feeble-minded. We must be careful not to be carried away by the present day demands for radical action in treating those whose mentality falls below certain prevalent notions of what should be a mental standard, and we must proceed cautiously in dealing with the so-called border-line classes.

In any system of segregation, we believe that commitment to institution life should be by court proceedings, for two reasons: First, that the segregation, if desirable or necessary, may be in fact segregation; and, second, that the court shall have jurisdiction over the individual so committed, thereby preventing the railroading of any who may not be subjects for segregation. Under the present system parents or guardians may place children in the State School without the formality of court notice. The only protection the child so placed has, is the superintendent and staff, who may, after examination, decide that he is not a fit subject for such an institution. In the meantime the parent or guardian may have disappeared, leaving the State and the child helpless to rectify an injustice. When commitment is made through the courts the opportunity for wrong is limited to a minimum. The writ of *habeas corpus* should be available in these, as in the cases of the insane, insuring the opportunity for subsequent examination of the patient by the court, should question arise as to methods adopted in commitment, or as to the possibility of mental improvement.

We believe also that courts should have the power to commit feeble-minded to private institutions, just as they now commit insane to private institutions when reasons appear sufficient to warrant it. Private institutions to which such feeble-minded might be committed, should be required to hold license from the State, and should be inspected by the Board of Administration and State Charities Commission, in the same manner as private institutions for the mentally sick.





# THE LINCOLN STATE SCHOOL AND COLONY

Three scenes from the May day celebration at this institution, in which several hundred of the children participated



As to the single avenue of relief which the State possesses, the Lincoln State School and Colony, we beg leave to repeat the words of the 1912 report, as follows:

#### THE CONGLOMERATE STATE SCHOOL AND COLONY

"The Lincoln State School and Colony has a capacity for 1,500 feeble-minded. It is a conglomerate mass that has accumulated there. Some of them are old men and women. They were children when they entered. Their friends and relatives have either forgotten them or left them in the care of the State. From old age, down to the files of young children, the gradation is perfect. Among them are epileptics of all ages. The time has come when there should be a re-organization of our institutional care of these classes. Either Lincoln State School and Colony should be kept primarily for the young and higher types of feeble-minded children, or a new institution should be created for them. The older children should be by themselves. To a very efficient degree there is segregation at this institution, but upon limited grounds and with an unsystematic development of housing facilities it can not be all it should be."

#### THE SCIENCE OF EUGENICS

The science of eugenics is closely interwoven with the feeble-minded and we may be pardoned for a few words on that subject.

We do not favor the enactment into laws of the principles which the eugenist has promulgated. They are worthy of public thought and consideration. But whatever of merit they contain, to be effective, must be accepted voluntarily by an enlightened and quickened public conscience, and not forced upon it by statutory enactment. Much more can be accomplished in this field by the dissemination of clearly demonstrated facts than by attempts to impose by law upon the public poorly understood or wholly misunderstood principles of human conduct and life.

Many eugenists are going to extremes. They are responsible for the ridicule into which a serious subject has been plunged. The science of eugenics is a dignified, deep and serious study of the tremendous problems of human life. It is entitled to respect and to respectful consideration. The popular conception, formed through flippant reference to eugenic marriages, eugenic babes, eugenic dramatic productions and eugenic novels, has resulted in its falling into more or less disrepute.

The pioneers in the science have advanced ideas which are worthy of the most careful thought, whether we believe in them or not. Any movement whose object is to improve the race, elevate the standard of mentality and make life better and nobler, should not be prostituted as this science has been; moreover, thinking people should acquaint themselves with the real meaning and purpose of this science.

Karl Pearson, in a recent letter to the London Times, gives this phase of the subject his consideration. He says:

"Eugenics, in Sir Francis Galton's mind, was to be a science of race efficiency, with its academic center in every university—a great and increasingly important science. It has become a subject for buffoonery on the stage and in the cheap press. We are treated to 'eugenic' marriages and to 'eugenic' babies, and to 'eugenic' plays, which have nothing whatever to do with the problem of race welfare; officials of eugenic societies submit to being interviewed with regard to well-advertised babies, and anyone who stands wholly apart from such absurdities may wake up one morning to find his name associated with a 'eugenic' baby, whose very existence he has never heard of. He is left with the alternatives of grinning with the rest of the world or bringing an action for libel.

"What we feared might result has become a fact. Eugenics is rapidly developing into a topic for the poseur, the 'Kongressbummler,' and the



paragraphist. 'Eugenic aspirations have begun to appeal to the imagination of the public' so the report of a eugenic society tells us, and the fitting comment is found in the public writing of the daily press and contrasting the relative effectiveness of 'eugenics' and 'ancestry.' Even on a slightly higher plane we find the same disheartening experience, eugenic publications and eugenic congresses issuing statements with regard to such vitally important topics as insanity, mental defect, or the influence of heredity and environment which are obviously or demonstrably incorrect. We have not yet nearly adequate knowledge on these topics. Years of patient work in medico-social observation, in genetic experiment, and in careful study of family history are needed before the laws of eugenics as a science can be dogmatically stated. When we meet such dogmas proclaimed in the name of eugenics as 'At last it is possible to give definite advice to those about to marry, or who do not wish to transmit their undesirable traits . . . . Weakness in any trait should marry strength in that trait, and strength may marry weakness,' we stand aghast at the evil worked in the rapid popularization of 'eugenics' and recognize the certainty that a movement thus careless of its facts and vaunting in its conclusions must collapse as the older 'social science' collapsed."

#### THE SUPERVISION OF POOR RELIEF

The expenditures for out-door relief through the channels of the township and county poor law officials should, without question, be under the watchfulness of State authority. Every dollar spent from these public funds should be promptly reported to some State body, such as the Board of Administration or State Charities Commission, equipped with proper facilities for publicity and investigation of the books to determine that the reports are correct.

There are several good arguments in favor of such inspectatorial service. In the first place the funds so expended are public funds. It is well known that local authorities whose duty it is to audit and supervise such expenses do not do so. We have found this to be true in our limited inspections of public out-door relief. In many cases the overseer of the poor who issues the orders for relief is himself a member of the board of supervisors who constitute the body charged with such supervision. In other cases the overseer is an officer of the board's creation. In either event, the board is inspecting and passing on its own work.

In the second place so much of this expenditure only contributes to pauperization and renders more desperate a situation which should be and could be remedied. Much money, we know, is spent for poor relief with the sole object in view of benefiting the political fortunes of the faction or party dispensing it. Frauds are practiced upon the local community through duplication of orders, through short weight, by extra high prices and poor quality of supplies.

All of these evils in the aggregate serve to produce a condition which ultimately comes within State jurisdiction by reason of its magnitude, involving the State in expense and difficulty.

The Indiana system of supervising these expenditures is simple but appears to be effective and we would recommend that legislation in this direction be urged upon the next General Assembly.

#### AFTER CARE AND OUT PATIENT WORK

It is believed by those whose experience has been sufficient to make them entitled to speak on the subject, that many patients in our State hospitals might have been saved the humiliation of commitment, had they had proper instruction and care in the very early stages of their mental sickness.

It is conceded that many of those who return to a hospital from parole or discharge might have been saved had they had proper care while out of the institution.



So far have these ideas prevailed that the last general assembly of New York passed an act authorizing state hospitals to organize an out patient service or department. In some form or other, more or less effective and comprehensive, after care has been furnished parolled and discharged patients in New York, Massachusetts and other states. The new charities act of our State contains a provision under which the Board of Administration may organize this work in all our State hospitals.

According to the New York records, 5,000 patients were admitted for the first time to State hospitals in 1911. Of these, a third had been suffering from mental ailments sufficiently marked to be noted, for more than a year. The State pays out, therefore, several million dollars a year in treatment and care of patients who are doomed when they enter, by reason of the delay in seeking attention and aid.

An out patient service should be so organized that it would come into contact with this great class of mental cases, when early advice and care might arrest the progress of the disease. Public and private out patient clinics have been established on a small scale in New York and it is known that mental cases receiving attention there are saved from state hospital commitment.

There are several other avenues through which such an out patient service could work to the public benefit. An important one is its educational possibilities. We are now, in Illinois, trying to bring together all our resources in a campaign of education along the lines of prevention of mental diseases. An efficient out patient department could do more practical work in education than any other one influence.

For after care, the argument is even stronger. We have had in Chicago concrete examples of what can be done, though the work there has been done by a small private society, struggling under most adverse conditions.

The State very willingly invests several hundred dollars in caring for and ministering to an insane patient who comes within its jurisdiction by court decree. The patient improves. The prospect is favorable. His good demands that he leave the hospital as soon as possible. The State is seemingly indifferent whether he goes into proper environment, whether he is to have the support that any convalescent should have, whether he is to be safeguarded against the temptation or the stress and worry that caused his affliction. In other words, the State has put him on the right road and there abandoned him in the night and the storm.

It is small wonder that many readmissions are noted annually.

There is neither economic sense nor humane consideration in such treatment of our State hospital patients.

For several years the Illinois Society for Mental Hygiene has been doing after care work in Chicago. Its services have been so valuable, even under its restricted operations, that the county is about ready to assume its share of the load. The society will ask the next General Assembly to assume that portion of the work which it has been doing for the State.

With a small sum of money, collected by the hardest kind of drudgery by devoted women, this society has been looking after patients parolled or discharged to Chicago addresses from our State hospitals. It has maintained nurses to attend patients brought into court for inquisition and has watched over them at the Detention Hospital. Many reforms in service in Cook County have been accomplished through its influence. The County Court of Cook County has valued its co-operation. Our State hospitals have found it very valuable in maintaining convalescents, and in investigating environment into which it was proposed to parole patients. It has found employment of the right kind and duration for the recovering individual and in a score of ways has contributed to the welfare of these sufferers.

What has been done by this organization on a small sum of money ought to be an example to the State in economy and efficiency.

But this society, as a private organization, should not be expected to do this work from which the State derives clear profit. It is as much a State function to look after its patients after they have been released from the hospital, as it is to treat them within its walls. From the stand-

point of economy alone there is ample justification for a State after care department.

This society is finding it almost impossible to raise funds, because men and women realize at once that their money is solicited to pay for what the State itself should pay for.

There is the additional consideration that such a society as this can not meet all the just demands.

We commend to your attention this whole subject of out patient and after care service, with the recommendation that it be given careful thought, not only as a humanitarian measure, but as an economic policy through which the State, now sorely burdened by the expense of its charitable institutions, may be relieved, if only slightly.

#### THE WORK OF PRIVATE CHARITY

By reference to the Institutional Quarterly, Vol. IV, No. 3, you will find a list of all the charitable and social welfare organizations throughout the State. These include associated charities, homes for old people, homes for children, tuberculosis sanatoria, hospitals, public and private, and organizations engaged in the study of or dissemination of information upon subjects relative to the social order.

The array is formidable. Those which collect money either in part or in whole for their support from the general public and those which secure a portion of their support from the local taxes are myriad in number. If we knew the truth we probably would be astounded by their aggregate collections.

Two or three thoughts crowd upon us at a very superficial glance through the pages of this report. One is that there must be extensive overlapping of effort, thereby causing waste of the funds contributed to carry on the work and encouraging and increasing the demands for assistance. Another is that if there were co-ordination and co-operation among these what a power for constructive good they might be.

Still another consideration—and a serious one—is this: How much longer should we go without some sort of State supervision of such institutions and organizations? Already the State exercises jurisdiction over the homes for the aged, the homes for children and the private hospitals for mental and nervous cases.

In some of the eastern states provision has been made for supervision of private charities in greater or less degree. One form provides for the voluntary solicitation of the private agency for State inspection. Another form provides for compulsory inspection of certain classes of organizations.

The theory of State supervision and inspection includes provision against the exploitation of the public in the name of charity and against the baleful influence of ill-advised and ill-judged assistance. It also carries the idea that State inspection and supervision involves likewise State advice from which more effective organization and consequently better results will follow.

We cannot in this report give in detail a plan of procedure, but we are not to be understood as recommending any interference with the administration of charitable institutions by established churches or organizations which collect the funds for their benefactions within their own membership and do not solicit aid of the general public. Neither can it be recommended that methods of treatment, care, etc., be standardized so that nothing can be essayed which does not accord with the opinion of the State authorities; nor would we discourage, and much less prohibit, well meaning persons from carrying on charitable work according to their own ideas. We do maintain, however, that the State should not be powerless to require conformity with certain standards of safety, nor to prevent the conversion to their own use of funds solicited of the public by individuals for avowed charitable purposes.

In any system of State supervision, the word supervision should not be interpreted as implying any power to enforce recommendation upon an agency or to coerce it by any means to adopt policies and methods which do

not appear to it to be wise. Supervision should always mean simply the right to inspect and to give friendly, helpful advice for the improvement of service. State supervision may very wisely and rightfully be restricted to those agencies which go to the general public for funds.

In the last report of this commission there was a plea for some sort of State supervision of general hospitals, which derive their sole support from taxes or solicitation of the public, and especially those which are maintained for pecuniary profit by individuals or associations.

We believe this latter class should by all means come under State inspection. They are growing rapidly in number. Many of them are housed in poor structures which endanger life through fire, poor ventilation and sanitation. Many of them are designed solely for money-making. That is their first consideration, and all else is sacrificed to that end. Competition is not sufficient to maintain a high standard.

Those general hospitals which are constructed out of city or county taxes, or both, should submit to State supervision. Taxpayers in the community in which these institutions are located, it would seem, would welcome such advice and help as would come from such inspection. Certainly the sick and afflicted who entrust their happiness and their lives to them are entitled to the highest service compatible with their resources.

#### A CODIFICATION OF LAWS

A codification of the charities, relief and social welfare laws of Illinois should be made and published in volume form. Such codification should include all acts creating State charitable, correctional, penal and reformatory institutions, the complete juvenile court and all probation acts, all legislation relative to children, except those pertaining to the schools, all laws affecting the social status, such as those on housing, health and sanitation, the safety of employees in industry, workmen's compensation and employer's liability; suppression of immoral exhibitions, regulation or suppression of vice, etc.

Our laws upon the distribution of public funds for poor relief require rejuvenation and especially important is it that officials charged with its distribution should understand their duties better and conform more generally to the requirements of the statute.

There is not only a continuous demand from other states and countries for such a volume, but it is needed here in Illinois for any intelligent consideration of any phase of this great, comprehensive subject.

Legislation is bound to grow instead of diminish along these lines, and we can not proceed intelligently unless we know what has been and what is, in the way of legislation. It is an almost endless task, oftentimes, to struggle through the statutes in quest of an answer to an inquiry. One finds conflicts, both real and apparent, in the laws. Some appear which are cleared up by reference to other or later legislation, but it is very difficult for the layman to determine when he has reached the end of the labyrinth.

A number of the opinions of the Supreme Court on the more important acts of the General Assembly, such, for instance, as that given in upholding the validity of the Women's Ten Hour Law, should be included in such a work.

This codification should be done under the general auspices of the Charities Commission, but some expert legal assistance would be necessary; not sufficient, however, to make the work expensive.

#### BUREAU OF CRIMINAL STATISTICS

We regret to report that little progress has been made during the year to put into practical operation the Bureau of Criminal Statistics. We have secured from Mr. John Koren, of Boston, comprehensive schedules and blanks to be filled out by the various courts and police authorities, and it was our purpose to begin the collection of statistics on the first of January, 1914.



It was our plan to assign to this department, for the time being, our inspector of institutions, who, on her travels about the State, had become acquainted with the courts and police heads. We believed that she could devote six or nine months to the work of introducing our system and explaining it and our plans to the authorities whose duty it is, under the law, to fill out and return the schedules. In this way we hoped to prevent or remove friction and secure the co-operation of many officials whom we knew to be hostile, or at least lukewarm.

If the collection of criminal statistics is to be made a success the work must be explained and made as easy as possible for them by personal aid. This, it was our plan to have done by our inspector. If we made no progress the expense would be small. If we succeeded we could ask the General Assembly for a small sum necessary to go ahead.

We found, by canvass of the judges and clerks of all the courts, a very mixed attitude towards our proposal. Many replied enthusiastically; others said they would comply with the law; others demurred, saying they had no time to give to the preparation of more information for the use of others. On the whole, the sentiment of courts and court officials was friendly.

Our scheme has failed because, on October 1, 1913, our inspector of institutions, Miss Vella Martin, sent in her resignation, saying she had accepted a position for a year with the New York Prison Association, where she would have some time to study and do research work. A leave of absence has been requested from the State Civil Service Commission, with permission to fill the place by temporary appointment. As this is written, this request is still pending; consequently, the inauguration of the Bureau of Criminal Statistics has been indefinitely postponed. We shall, during the new year, make an effort to get the work of statistic collection started, even though it be in a small way.

#### VISITING THE INSTITUTIONS

Our Executive Secretary, during the year, has made frequent visits to and inspections of eighteen State Charitable Institutions, and has filed with us copies of his report in each case.

Many of these have been printed in the Institution Quarterly. The rest are on file in our office, and in many cases a copy is on file in the office of the Board of Administration.

Of these visits, at least two to each institution were made for the express purpose of inspecting the premises, buildings, and visiting the inmates. Other visits were made on account of accidents, complaints, or in quest of special information. The following tables include the names of the institutions and the dates on which visits or inspections were made by him:

*January.*—Kankakee State Hospital, 10th-11th; Chicago State Hospital, 22d; Peoria State Hospital, 30th.

*February.*—Watertown State Hospital, 8th, 9th and 10th; Elgin State Hospital, 25th, 26th, 27th and 28th.

*March.*—Kankakee State Hospital, 6th; Peoria State Hospital, 20th-21st.

*April.*—Soldiers' Orphans' Home, 2d; Peoria State Hospital, 3d; Illinois Charitable Eye and Ear Infirmary, 4th; Kankakee State Hospital, 4th-5th; Illinois State School for Deaf, 11th; Illinois State School for Blind, 11th; Jacksonville State Hospital, 11th (night), and 12th; Kankakee State Hospital, 20th-21st; Illinois Industrial Home for Blind, 21st (night); Illinois State Training School for Girls, 22d; St. Charles School for Boys, 22d (night), 23d; Elgin State Hospital, 23d (night), 24th; Chester State Hospital, 28th; Anna State Hospital, 29th; Illinois Soldiers' Home, 30th; Watertown State Hospital, 30th (night).

*May.*—Watertown State Hospital, 1st; Soldiers' Widows' Home, 2d; Chicago State Hospital, 6th; Elgin State Hospital, 13th; Lincoln State School and Colony, 24th.

*June.*—State School for Blind, 3d; Jacksonville State Hospital, 3d (night); Kankakee State Hospital, 8th and 9th; Soldiers' Orphans' Home,

16th; Kankakee State Hospital, 19th; Jacksonville State Hospital, 26th; State School for Blind, 26th; State School for Deaf, 26th.

*July.*—Chicago State Hospital, 9th; Kankakee State Hospital, 9th (night), 10th; Soldiers' Home, 16th and 17th; Watertown State Hospital, 18th and 19th; Elgin State Hospital, 21st and 22d; Jacksonville State Hospital, 24th and 25th; Peoria State Hospital, 28th.

*August.*—Watertown State Hospital, 7th and 8th; Chicago State Hospital, 14th; State Training School for Girls, 15th; Elgin State Hospital, 15th (night), 16th; Kankakee State Hospital, 23d (night), 24th, 25th; Lincoln State School and Colony, 27th; Kankakee State Hospital, 30th (night), 31st.

*September.*—Kankakee State Hospital, 15th; State Training School for Girls, 17th and 18th A.M.; St. Charles School for Boys, 18th P.M.; Peoria State Hospital, 30th.

*October.*—Jacksonville State Hospital, 1st; State School for Deaf, 1st; State School for Blind, 1st; Anna State Hospital, 23d and 24th; Chester State Hospital, 25th; Kankakee State Hospital, 29th (night), 30th.

*November.*—Soldiers' Home, 7th; Watertown State Hospital, 8th; Kankakee State Hospital, week of November 10th; Soldiers' Widows' Home, 18th; St. Charles School for Boys, 19th and 20th; State Training School for Girls, 21st.

*December.*—Industrial Home for the Blind, 3d, A.M.; Charitable Eye and Ear Infirmary, 3d, P.M.; Chicago State Hospital, 5th; Elgin State Hospital, 5th (night), 6th; Jacksonville State Hospital, 8th, A.M.; State School for the Blind, 8th, P.M., and 9th, A.M.; State School for the Deaf, 9th, P.M.; Lincoln State School and Colony, 15th; Soldiers' Orphans' Home, 16th; Kankakee State Hospital, 18th (night), 19th and 20th; Peoria State Hospital, 27th.

In addition to these visits, he made four trips to Rockford on account of the preparations for the State Conference of Charities, and during that meeting spent eight days in that city. He also visited Indianapolis, attending the American Prison Congress in session there, and visited four of Indiana's state institutions. Four trips to Chicago were necessary to attend meetings of the Charities Commission. He also attended the Indiana Conference of Charities on one day at Gary. Many other trips to various points in Illinois were necessary in carrying out the purposes and objects of this commission.

During the year he prepared and delivered a number of addresses on subjects pertaining to the State's work in charity. Among these were the following:

Before the Illinois Mental Hygiene Society at Chicago, January 24th.

Before the Men's Club of the Buffalo, Ill., M. E. Church, February 7th.

Before the City Club, Chicago, March 8th.

Before Illinois Branch of American Institute of Criminal Law, Springfield, Ill., April 9th.

Before Peoria Child Welfare League, Peoria, May 27th.

Before American Association of Officials of Charity, Springfield, June 24th.

Before the students of Rockford College (a.m.) and pupils of High School, Rockford, Ill. (P.M.), of October 10th.

Before Congregation of Trinity Lutheran Church, Rockford, Ill., October 12th.

Before Conference of State Boards and Superintendents, Rockford, October 13th.

The total traveling expenses of the Executive Secretary for the year were approximately \$881, of which \$315 was railroad fare, not including sleeper and parlor-car fares.

#### OTHER WORK OF THE OFFICE

Other work of the secretary's office included the preparation of the copy, reading the proof, and mailing out four large issues of the Institution Quarterly to its 7,000 subscribers. A large number of new names have been

added to, and many dropped from, the list. Every effort has been made to keep the list up to date, with only those on it who should receive and do appreciate the Quarterly. There has been large demand for it from other states, and many have written asking to have their names placed on the list.

The arrangements for the State Conference of Charities this year were onerous, as the preparation of the program fell almost entirely upon the secretary.

The American Association of Officials of Charity met in Springfield in June. All local arrangements were made for this meeting by him, the details of which entailed much work.

At the request of the State Civil Service Commission he prepared a pamphlet entitled, "Why Not Work for the State," which was designed to aid the State in securing better and more constant supply of attendants in the State hospitals and State schools.

Many of the investigations at State institutions which have been held during the year required much more time than would appear on the surface. One or two extended through several months. The Carl Holst case at the Kankakee State Hospital continued from March until late in the fall, when a jury in the Circuit Court at Kankakee acquitted John Mahan, accused of responsibility for Mr. Holst's death.

It has been the wish of the commission that the secretary give prompt and personal attention to all correspondence. Hence, whenever possible, letters have been answered the day of their receipt. Scores of requests for information concerning Illinois institutions, many of them requiring more or less search through the records and reports, have been received and complied with to the best of our ability.

Along the line of visitation we have been developing personal attention to such patients as are called to our attention by friends and relatives. Requests for personal visits to this or that patient or ward have been complied with in every instance, and it will be the duty of our visitors, whoever they may be, to call on such patients or wards on each visit to the institutions in which they are.

#### PROGRESS OF THE YEAR

We can not consider this report complete without brief reference to the progress which has been noted during the year in our State charitable service.

Changes have occurred in the personnel of the administrative boards and commissions and superintendents of the institutions. A high standard of proficiency and efficiency has been maintained in all these appointments. The spirit and letter of the civil service law has been respected and new superintendents have had the co-operation and support of the staffs and have been able to avail themselves of the experience and knowledge of the medical and administrative officers in the classified service.

The Board of Administration has been alert to its responsibilities and has responded to the demands upon it with promptness.

Little friction now exists in the operation of the new charities law and the system created by it. There is a spirit of confidence between managing officers and the central boards that is admirable.

Between the board and this commission harmonious relationships have been maintained. We have found the board more than ready to receive our recommendations in the spirit in which we have submitted them. It has, in fact, frequently called upon our office for assistance in investigation and research. Our relations with superintendents have likewise been most cordial.

During the year the General Assembly created a State Colony for Epileptics and the Board of Administration has restricted its location within a short radius of Chicago. Early in the new year a site will be selected and the land purchased.

Work on the new hospital for insane at Alton has been delayed by various causes. The land has been purchased and paid for, but the board has very wisely refused to begin erection until all conditions and agree-



ments offered as inducements by Alton have been complied with. The board has likewise taken time to consider plans submitted. There is a sincere desire to erect here the very best and latest type of hospital at the minimum of cost. Mistakes of the past are to be avoided and the best of the present-day ideas are to be incorporated.

There has been some improvement in the personnel of civil service employees, especially in the lower grades, but there is yet much to be desired. A little progress has been made in placing women on male wards of hospitals for the insane. We are confident that the schools of those institutions housing children have been bettered. This commission has recommended to the board a survey of these schools, with a view to revising the course of study and the books in use, so that both may be adapted to the special needs of each class of children; also such survey is to take into account the class-room equipment. The recommendation has been adopted and a committee of educators of high reputation will be secured to make the survey and report to the board what is needed in each school. These schools can not be considered as one system. The needs of the blind, for instance, are entirely different from those of the deaf, and those of the deaf from those of the delinquent, so that each school must be studied as a unit.

#### APPROPRIATIONS FOR CHARITIES

The appropriations of the General Assembly to the State charities and the action of your Excellency in approving them, was gratifying to all friends of the service. The aggregate appropriations were the largest on record, but their need was so apparent and so well understood that popular approval was expressed. Confident that this money will be honestly and efficiently spent, the generous people of Illinois are more than ready to furnish it from their prosperity, for the care and treatment of the 20,000 unfortunates in our charitable institutions.

An effort has been made to improve the food supplies and to better the diet furnished all classes of wards. The rising cost of all kinds of food has rendered this difficult, but by the practice of certain economies and the lessening of waste, it can be accomplished without imposing serious additional financial burdens.

#### CLOTHING OF STATE WARDS

Likewise we see some improvement in patients' wearing apparel, but it is evident that much remains to be done. We believe the prisons can turn out better fitting clothing at less cost. The State charitable institutions should not have to pay the prisons and reformatories profit on the goods and supplies purchased of them and such supplies should be of as good quality as those offered for like money in the open market.

There is a demand upon us not only to keep our patients warm and comfortable, but also to keep them presentable. Many of the garments and shoes and much of the hosiery sold to these institutions by the prisons are not creditable and if seen by the public would cause the entire service to suffer in its opinion.

Some very radical changes in our ideas of clothing have recently taken place. We have only to mention the innovations at the Geneva School for Girls, where all the girls formerly wore dresses of the same material and style, shawls over their heads and coarse grey stockings. They now enjoy sweaters and polar caps for severe weather, black stockings made of better material and individual dresses. More liberty in the matter of hair-dressing and the like has pleased the girls and has assisted in arousing that new and livelier interest in their own welfare, which is essential to regeneration.

#### REDUCTION OF RESTRAINT

It is also a pleasure to report a gradual reduction in the amount of restraint in the hospitals for insane and the absolute abolition of corporal punishment in the schools. The use of restraint in some hospitals is now

explained by excuses rather than by justification. Its imposition is usually accompanied by somewhat detailed explanation, indicating that, in the minds of the institution, it is not a creditable thing.

With the greater liberty guaranteed to patients, more alert supervision over wards, the introduction of women into male wards, the use of hydrotherapy, and the summary punishment of guilty parties, the amount of abuse of insane patients has reached an almost negligible quantity. We believe the day is not far distant when we can say that it has been completely eradicated. As it exists today, it is mild and very infrequent, and seldom escapes detection. Every administrative authority, from your Excellency down, has taken such decided and pronounced stand against anything of this character that there is no misunderstanding the signs.

#### THE ATTENDANT FORCES

In its 1912 report, the Charities Commission made certain recommendations respecting the civil service tests for admission to the attendant forces in the State hospitals. The report said:

"For the general improvement of the service we believe the civil service law, or the regulations of the Civil Service Commission, as the case may be, should be made more elastic in the employment of men and women in the lower grades such as attendants in the hospitals for the insane and domestics and the like in all institutions. At the present time the wards of the insane hospitals are almost continuously short of help. There is no demand for these positions. We believe they should remain under civil service protection, but we believe that the method of examination and employment can be liberalized to insure a steadier supply. The problem is a serious one and not easy to solve. We intend no criticism of the Civil Service Commission in these remarks, but that something must be done to insure sufficient forces of attendants, especially in the hospitals for insane, will not be denied.

#### THE VITAL ATTENDANT FORCE

"The attendant force in any hospital must be efficient. It must be alert. It must have mature judgment. It must have patience. It must exercise forethought. It must be loyal to the patient and the State. It is, in fact, one of the main cogs in the big machine. If it is crippled the whole service suffers extensive damage. More authority can be given to the superintendent and staff in selecting these employees than is given to them. Owing to the fact that there is often no list from which to make selections, we believe that the superintendent, chief nurse and assistant superintendent of each hospital for the insane might very properly be an examining board. When an applicant for this character of work applies, let him present himself to this board and undergo at once an examination equivalent to that now given by the Civil Service Commission. Such examination can be both written and oral. The applicant stands there before the three highest employees of the institution. No one can form a better opinion of him from his physical bearing. In filling out his application and in answering oral questions, the applicant would be in fact undergoing the same examination that he would take before the Civil Service Commission. The difference is this: Under the present arrangement there are examinations at certain places at certain times in the year. In the aggregate a large number take the examination at the same time and pass. They do not know when they will be called upon to report, and they go out to secure other employment. When their services are needed they probably have a job that suits them and they refuse to report to the institution. This happens in hundreds of cases, and hundreds of good employees are lost. If they could be taken when they are idle and put to work when they apply, the State would be the gainer.

"The examination is a bug-a-boo to many deserving and competent young people. It involves an expense, an exaction that many will not submit to. The notarial oath and the fee are deterrents."

In that recommendation we desire to concur at this time, though we are glad to know that the Civil Service Commission has given the several institutions more latitude in employing attendants. That this latitude has resulted in securing some good employees is sufficient justification.

#### JAILS AND ALMSHOUSES

There is nothing we can add to what was said a year ago about our jails and almshouses and the few remaining vicious practices countenanced by the laws.

Improvement in the physical plant and the administration of these institutions is noted. The publicity they have been receiving in the last three years at the hands of this commission, coupled with the earnest and sincere desire of many sheriffs and almshouses superintendents to improve conditions by co-operating with us, are producing some fine results.

The quickening of public conscience upon these institutions and all the problems that are involved is the most encouraging sign. Altogether the progress they have made and the better attitude of the public towards them is complimentary to the character of the supervision and publicity given them by the Charities Commission.

We desire to call your attention to the very marked increase in public interest on all the questions of charity and social welfare. Newspapers are devoting much space to them. Local organizations are trying to get together to work without friction and overlapping; everywhere there is a better interest in the cause of humanity in its charitable and social aspects and relationships. In the field of private charity this commission feels its duties are many and its responsibilities heavy. While we consider our relations to the State to be first and paramount, we see of what usefulness we can be to the general public in the organizing and operating of its charitable and social activities. It needs and desires our assistance to perfect its agencies. We trust that in the near future we may be more fully equipped to exercise our function in this field.

In conclusion, permit us to put into permanent form an account of the changes which have taken place in the personnel of this commission during the year.

Dr. Frank Billings resigned his commissionership and has been succeeded by Dr. Edward H. Ochsner, of Chicago. Dr. John T. McAnally resigned and to this place Dr. Anna Dwyer, of Chicago, was appointed. Mr. John Rapp was succeeded first by Mr. Frank Trutter, of Springfield, who resigned after several weeks to accept another position. Mr. Trutter in turn was succeeded by Mr. Albert Huber, of Rock Island.

Of the former commission Dr. Emil G. Hirsch and Mr. John B. Harris remain.

[Signed] EDWARD H. OCHSNER, *President*  
 EMIL G. HIRSCH  
 JOHN B. HARRIS  
 ANNA DWYER, M.D.  
 ALBERT HUBER

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#### THE COLLECTION OF SOCIAL SURVEY MATERIAL

[By Florence Rising Curtis, Associate, University of Illinois Library School]

A careful physician will diagnose accurately before he attempts to correct a physical disorder. Diagnosis will enable him, in many cases, to use preventive measures before the ailment reaches the acute or the chronic state, and to advise a plan of living which will insure normal health and efficiency. What has been called a "social diagnosis" is necessary for each community which is attempting to arrange a program which may insure to



its members health, efficiency, and successful development. Present conditions must be understood before wise alleviative and corrective measures are possible.

This necessary information is seldom collected, and made convenient for consultation. A property map of the city may be in the clerk's office, a chart of the waterworks system at the pumping station, a diagram of new plottings in the hands of the surveyor. The average taxpayer is ignorant of the bonded indebtedness of his city, and of the percentage of revenue spent for schools, public safety, or public works. He does not know where the pipe which connects his house with the street sewer is laid, or how much the street paving has cost him. He pays taxes to maintain the city jail, the garbage disposal plant, and the abattoir, but is entirely ignorant of their condition, and their yearly expense to the city.

It is this indifference of the many, rather than the dishonesty of the few, which causes much of the waste of revenue in our American municipalities. This ignorance of conditions will exist until the facts concerning the city have been gathered and made accessible in some one place. There are two places where such a collection might be housed, the city clerk's office, and the public library.

Party changes often bring to the clerk's office an official who is inexperienced in the routine of the office. Though his predecessor may have begun the collection of material of civic interest, he himself may not be interested, or may be too busy to continue the policy. He may not know what to collect or how to arrange it. The office room is usually overcrowded, with little space for the continuous files of correspondence and city records. It is no unusual custom to store these in the basement or attic, and have a bonfire of superfluous material every decade or so. This special civic collection consists of maps, pamphlets, and notes which will not fit into ordinary bookcases; it requires special filing cases, and careful arrangement and indexing. The care of this material demands special training and a consistent policy.

The public library is prepared to give this intelligent service. As in the schools, the routine of the library does not change, despite changes in the staff. It is the librarian's chief business to collect books and other material which may be of interest to the citizens, and to arrange and index them so that they may be quickly referred to. The general collection upon the library shelves will supplement the special civic material; for example, if the city is to install a filtration plant there will be available other books, encyclopaedias, and magazine articles upon the subject, and there may be procured the reports of other cities which have considered the same problem. The State Library, the State Library Commission, and the State University Library will send additional material which may be of value.

The following outline has been worked out in one of the courses of the University of Illinois Library School. The aim of the course is not to study actual local conditions, but to list the civic material which should be available in any city library. As it is not a scheme of classification, there has been no attempt to list under each heading all the topics which might be considered, nor to arrange a notation which would fit into any established schedule of library classification. The headings are in no sense original, they are used in the many social survey outlines already in print. This particular outline is merely a suggestion as to the material which may be gathered and filed by a community which cannot begin a more extended survey.

As will be readily seen, the topics might be divided *ad infinitum*. In many cases, under the heading "Problems" are mentioned some of the subjects which might be of special interest to a particular community.

Very little of this material, with the exception of a complete file of the city reports, will consist of books and pamphlets, it will be largely newspaper clippings and manuscript material. These should invariably be dated, and bear the name of the one from whom the information was secured. Figures which cannot be referred to the persons who compiled them are as useless as figures which are inaccurate. A collection of such

material which is accurate, authoritative, and kept up to date, will be of value to a community which is as yet unable to employ a trained expert who knows how to investigate causes and draw conclusions.

## SUMMARY

- I. Maps.
- II. Early History of the Community.
- III. Topography and Climate.
- IV. Public Utilities.
- V. The Municipality.
- VI. The Population.
- VII. Employment.
- VIII. Housing and Living Conditions.
- IX. Education.
- X. Religious Agencies.
- XI. Recreation.
- XII. Welfare Agencies.
- XIII. Vice and Crime.

## I. Maps—

- 1. General map.
- 2. Section maps.  
County property maps.
- 3. Charts showing nationalities, congestion, crime centres, etc.

## II. Early History of the Community—

- 1. Founding and incorporation.
- 2. Early settlers.  
Nationalities.  
Employment.  
Standard of living.
- 3. Growth of the municipality.  
Direction of growth.  
Land grants.  
Founding of institutions.  
Early buildings.
- 4. Collection of local historical material.  
Newspapers, letters, diaries, pictures of people and of buildings, anniversary addresses, programs.

## III. Topography and Climate—

- 1. Area.  
Area of the corporation.  
Area of suburbs.  
Waterways.
- 2. Ocean, Lakes, Rivers, Creeks, Canals.  
Transportation facilities.  
Channels.  
Harbors.  
Water power.  
Dams.  
Food supply.  
Fish.  
Mollusks.  
Ice supply.
- 3. Mineral deposits.  
Coal, ore, building stone, gravel, sand.
- 4. Hills, valleys, levels, cuts, grading, blasting, excavation.
- 5. Soil.
- 6. Climate.  
Elevation.  
Temperature and humidity.  
Rain and snow fall.  
Seasons.

### III. Topography and Climate—*Concluded*

#### 7. Character of surrounding country.

- Topographical features.
- Municipalities.
- Farm lands.
- Highways.
- Transportation lines.

### IV. Public Utilities—

#### 1. Transportation.

- Steamship lines, including ferry lines.
- Steam railways.
- Interurban traction lines.
- Street railways.

Under each of the above should be information in regard to—

- Ownership and financial status.
- Area served.
- Cost and grade of service.

#### 2. Municipal service plants.

- Electric power.
- Electric light.
- Gas.
- Heat.
- Water.
- Source.
- Filtration.
- Sewerage system.
- Sewage disposal.
- Garbage disposal.
- Abattoir.
- Telephone.
- Telegraph.

Under each of the above should be information in regard to—

- Ownership and financial status.
- Area served.
- Cost and grade of service.

#### 3. Streets and alleys.

- Plotting.
- Roadways.
- Mileage.
- Width, paving, curbing, cleaning, sprinkling.
- Initial cost and upkeep.
- Sidewalks.
- Mileage.
- Material.
- Initial cost and upkeep.
- Trees and parking.
- Varieties of trees and shrubs.
- Initial cost and upkeep.
- Bridges.
- Date of construction.
- Material.
- Initial cost and upkeep.
- Regulations.

#### 4. Wharfs.

- Ownership.
- Dockage regulations and dues.
- Initial cost and upkeep.

#### 5. Parks, playgrounds, athletic fields.

- Area.
- Buildings, apparatus, golf links, tennis courts, ball grounds, running track, pools, lakes, fountains.
- Initial cost and upkeep.



IV. Public Utilities—*Concluded*

## 6. Cemeteries.

Area.

Ownership.

Buildings—Chapels, vaults, greenhouses.

Landscape features.

Initial cost and upkeep.

## 7. Fair grounds.

Area.

Ownership.

Buildings, racing track, ball grounds.

Initial cost and upkeep.

## 8. Cab stands and carter's stands.

Regulations.

## 9. Public buildings.

National, state, county, or township buildings.

Capitol building.

Court house.

County jail.

Post office.

Mail delivery.

City hall.

Jail.

Fire stations.

Civic centre (municipal coliseum.)

Market.

Municipal lodging house.

Public baths.

Restroom.

Comfort stations.

Theatres and public halls.

Railroad stations.

Ferry or dock stations.

(For schools, libraries, museums, art galleries, see IX.  
Education.)

## V. The Municipality.

## 1. Charter.

## 2. Finances.

Indebtedness.

Tax rate.

Revenues from licenses.

## 3. Ordinances.

## 4. Departments.

Executive.

Mayor, Commission, President, Warden, Intendant, Chair-  
man.

Council, Alderman, Selectmen, Trustees.

Courts.

Police.

Fire.

Streets and parks.

Waterworks and sewers.

Public health.

Charities.

Education.

Schools, libraries.

(There is no uniform terminology for city departments,  
or committees.)

## 5. Associations.

Associations of business men.

Chamber of Commerce, Commercial Club, Board of Trade.

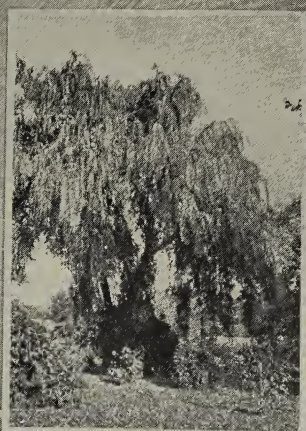
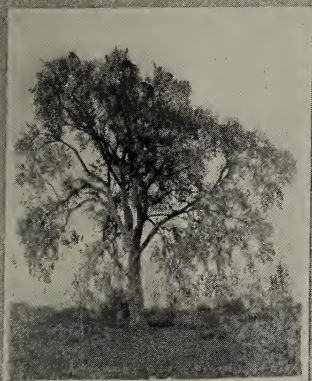
Civic improvement associations.

## VI. The Population—

1. Number of inhabitants.
  - Adults.
  - Children.
  - Average size of family.
  - Number of aged.
  - Vital statistics.
  - Statistics of growth.
2. Nationalities.
  - Percentage of each.
  - Origin, immigration.
  - Distribution.
  - Emigration and shifting.
  - Employment.
  - Languages and literacy.
  - Standard of living.

## VII. Employment—

1. Officials, and professional men and women.
  - Officials—
    - National, state, county, or township officials.
    - Official of companies and corporations.
  - Professional men and women—
    - Architects.
    - Artists.
    - Chemists and assayers.
    - Dentists.
    - Engineers and surveyors.
    - Journalists.
    - Lawyers.
    - Librarians.
    - Ministers.
    - Musicians.
    - Nurses.
    - Physicians.
    - Teachers.
2. Office employees.
  - Clerks.
  - Bookkeepers.
  - Stenographers.
  - Messengers.
  - Agents and commercial travelers.
3. Financial establishments.
  - Banks, trust companies, loan associations, insurance agencies, real estate offices.
4. Mercantile establishments.
  - Wholesale and retail.
    - Include here establishments which are not strictly mercantile, e.g. newspaper offices, photographers' studios, barber shops, hair dressers' shops, blacksmith shops, coal and wood yards, etc.
5. Public Utilities.
  - Railroads, street railroads, steamship lines, municipal service plants, elevators, cab driving, trucking.
6. Hotels, restaurants, lodging and boarding houses, club houses.
7. Manufactures and trade industries.
8. Agriculture.
9. Mining, quarrying, fishing.
10. Domestic labor.
  - Laundresses.
  - House servants.
11. Home employment.
  - (Under each of these eleven subdivisions should be information in regard to the following, so far as they apply:



# ILLINOIS STATE SCHOOL FOR THE DEAF

A very successful department of this institution is its school in photography. These views are taken from pupils photographs of magnificent trees upon the grounds of the school.



IX. Education—*Concluded*

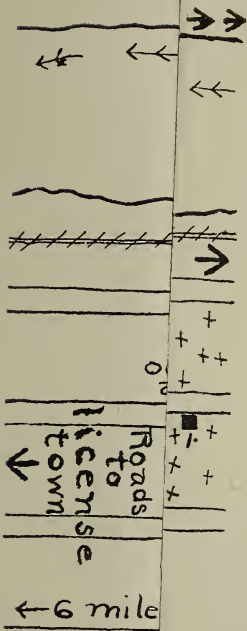
- Art schools.
- Kindergartens.
- 4. Schools for special classes.
  - Blind, deaf, defectives, delinquents.
  - (Permanent homes for special classes are under XII—Welfare agencies.)
- 5. Teachers.
  - Academic and professional training.
  - Salaries, pensions.
- 6. Libraries.
- 7. Museums.
- 8. Art galleries.
- 9. Clubs.
  - Literature, art, music.
- 10. University extension courses.
  - Educational Problems.
    - Truancy, continuation schools, vocational education, domestic science, physical training, games, open air schools, medical inspection, school luncheons, sex hygiene, mothers' clubs.

## X. Religious Agencies—

- 1. Churches.
  - Denominations.
  - Church buildings.
  - Financial support.
  - Attendance.
  - Sunday schools.
  - Church societies.
  - Revivals.
  - Institutional church.
  - Ministers.
    - Education.
    - Salaries.
- 2. Organizations.
  - Young Men's Christian Association.
    - Buildings.
    - Financial support.
  - Young Women's Christian Association.
    - Buildings.
    - Financial support.
  - Salvation Army.
  - Volunteers of America.
  - City Missions.
- 3. Ministerial associations.
  - Church federations.

## XI. Recreation—

- 1. Social centres.
- 2. Clubs, lodges.
- 3. Theatres.
  - Motion picture theatres.
- 4. Dance halls.
- 5. Saloons.
  - If preferred, saloons may be omitted here and placed under VII. 4. Mercantile establishments. For Intemperance, see XIII—Vice and Crime.
- 6. Pool rooms.
- 7. Bowling alleys.
- 8. Shooting galleries.
- 9. Rinks.
- 10. Gymnasiums.



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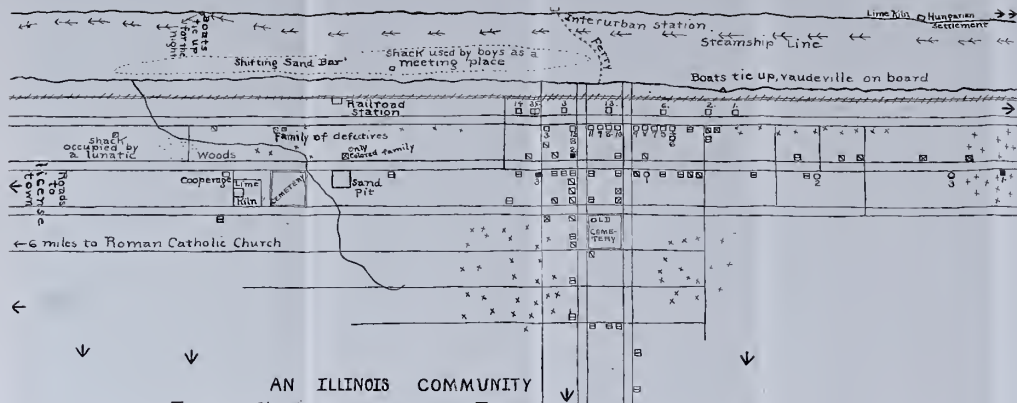
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## AN ILLINOIS COMMUNITY

- 1 Swedish Church
- 2 Methodist Church
- 3 Congregational Church
- 1. School
- 2 Congregational Academy
- 3 Swedish school, abandoned, used for basket ball
- 1. Ice house
- 2 Button factory, abandoned
- 3 Blacksmith
- 4 Furniture & Undertaking
- 5 Bank
- 6 Plumbing & repair shop
- 7 Hotel
- 8 Drygoods

- 9. Hardware
- 10 Grocery
- 11 Drugs & Books
- 12 City Hall Auditorium, theatre & rink
- 13. Township library
- 14 Newspaper & Printing
- 15 Band headquarters

- Large house
- Small house
- ⊗ Very small house
- +++ Scattered houses, small

← points toward small towns located within radius of 12 miles  
 ← city, 10 miles distant

Population 900

Chart, prepared by Miss Curtis to illustrate a community in Illinois, of which a social survey has been made under her direction



XI. Recreation—*Concluded*

11. Parks, playgrounds, athletic fields, ball grounds, tennis and golf grounds.
12. Water sports and excursions, winter sports.

## XII. Welfare Agencies—

## 1. Organizations.

Charitable organizations.  
 Humane societies.  
 Anti-tuberculosis associations.  
 Temperance and allied societies.  
 Women's Christian Temperance Union.  
 Holy Name Society.  
 Anti-cigarette league.  
 Prison associations.  
 Playgrounds associations.  
 Social settlements.  
 Buildings.  
 Financial support.

## 2. Institutions.

Hospitals.  
 Dispensaries, free clinics.  
 Institutions for children.  
 Institutions for the aged.  
 Institutions for dependents.  
 Institutions for defectives.  
 Institutions for the insane.

## XIII. Vice and crime—

## 1. Juvenile delinquency.

Juvenile court.  
 Jails.

Industrial schools, reform schools.

## 2. Adult crime.

Courts.  
 Jails.

Reformatories and prisons.  
 Institutions for inebriates.

## 3. Intemperance.

## 4. The social evil.

## 5. Other forms of vice.

Problems.

Arrests, commitments, trials, jail sentences, fines, prison sentences, prison employment, compensation, prison school, prison library, prison reform, probation, parole, vagrancy, inebriety, desertion, divorce.

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### A WOMAN PHYSICIAN IN COURT

The Municipal Court of Chicago, one of the most progressive courts in the world, has one bench devoted exclusively to offenders against morals. This court has the services at its command of a woman physician, Dr. Anna Dwyer, who is also a member of the State Charities Commission. Dr. Dwyer recently made her first report. It stands as the very best evidence of what such an official can do and how valuable her advice must be can be seen by a reading of the following:

CHICAGO, ILL., December 31, 1913

*To the Honorable Harry Olson, Chief Justice, and Jacob H. Hopkins, Judge of the Municipal Court, Morals Court Branch.*

DEAR SIR: On April 10, 1913, I first took up my work as physician to the Morals Court of Chicago. It was Chief Justice Olson's humane idea, to appoint a woman physician to this court, to advise, prescribe, give medical care and attention to the women offenders brought before it, especially those

needing immediate attention. All the municipal judges were of the same opinion and appointed me to the office of Municipal Court physician.

Although not formally called a psychopathic laboratory, it is exactly that which our work has resolved itself into. On looking around you would see little or no equipment to warrant this statement, yet psychopathically such satisfactory results have been obtained that we feel the equipment necessary to scientifically do our work will follow in the usual course of events. In present quarters, no private examining room is provided. Through the courtesy of Judge Hopkins, we were granted the privilege of the jury room and later we were able to take subjects to the room set aside by the Court of Domestic Relations, for private examinations.

Through the aid of the Health Department, we have had several bacteriological tests made. No objections have been raised by the women to having these tests made and we feel certain that if we had a laboratory in connection with our court, we could have microscopical tests made in every case.

The attitude of the woman offender who comes before us today is strongly in contrast with the offender of eight months ago when the court was established. Then she was defiant, belligerent and blasphemous. She regarded the court as an enemy devoid of sympathy or justice. There was on her part a hopelessness which was hard to combat. Nearly all who then came to our court had lost hope and with spirits broken they could see nothing ahead, but "Once a prostitute, always a prostitute."

They have learned that here at least, although in a court of law and justice, every help is given them to return to the right way of living, to health and to home. When sentence is passed by a merciful judge, it is now accepted without bitterness. Not all, nor nearly all, of these women can make good, even though they make earnest efforts, but a great many of them who are not mentally deficient have made a success. The feeble-minded, the sub-normal, the naturally vicious, the drug fiends and the alcoholics naturally fall again.

In 639 cases that I have examined during the year, every race, creed and nationality has been represented. Of these, 334 were colored or had colored blood in their veins, 298 were white, four were American Indians, two were Armenians and one was a Japanese. The religions were Catholic, Jewish, Methodist, Baptist, Congregationalist and Presbyterian. None of these were church goers. They would not be hypocrites, they said, not realizing that it was worth while to be good even for an hour.

The occupations followed as given by themselves were:

- 225 Housework.
- 174 Waitresses.
- 136 Laundresses.
- 83 Clerks or cashiers.
- 6 Seamstresses.
- 4 Stenographers.
- 1 Trained nurse.
- 1 Manicurist.
- 24 Scrub women.
- 110 Had no occupation.

Many of the women entered the life at the age of sixteen. Two had entered at eleven years and one old woman, who was now seventy-six years old, had been a keeper forty-two years. Venereal disease in infectious stage was diagnosed in 108 cases, all of whom were either taken to a dispensary, sent to the hospital in the Bridewell, House of Good Shepherd, Erring Womans Refuge or Coulter House for Treatment. Three hundred and fifteen showed evidence of having had syphilis and of the remaining 116, we believe, had bacteriological tests been made, that we would have found at least 50 per cent of them victims to disease. Four, who were tubercular, were sent to Oak Forest.

As to intelligence, over 400 were mentally deficient. Two were found to be insane and sixty-eight were little more than imbeciles, having mental capacity of less than a seven-year-old child.



In education twenty-eight gave evidence of having passed eighth grade; 296 passed fourth grade; 186 had not passed third grade; seventy-four could neither read nor write.

There have been sixty-eight repeaters, or those who have been brought before the court more than once for the same offense. This number was included but once in the total number of 639.

It is my honest belief that nearly one-half of these women have succeeded for a time at least, to lead moral lives. Many of them, we know, have succeeded as we are in direct communication with them from time to time.

We are conscious that a vast amount of good has been done by this court. Could Chief Justice Olson but witness some of our morning sessions in our "psychopathic laboratory" and hear the resolutions there made for a better life, he would know and realize that here at least in this court there is no evidence of resentment to his humane ideals. This able jurist's genius as a specialist of courts, has attracted the outside world to come and study his methods; one who has taken time by the forelock and done for law what has been done in medicine by specializing, the better to cope with and meet certain problems in a more sane and humane way. Through his far-seeing wisdom, he has selected jurists with great precision to take charge of these special courts.

Judge Jacob H. Hopkins, our presiding judge, is a psychologist of highest order, an expert lawyer, great hearted, intellectual, generous and merciful.

Mrs. Louise Tousey, probation officer, has effected many reforms. Mrs. B. McDermott, the matron, has had a good influence over many women who write her from time to time of their success.

The heartiest co-operation between our court and the various religious and charitable organizations of the city is daily manifested.

Mrs. L. Z. Meder, president of the Catholic Protectorate for Girls, has generously come to our aid by caring for and sending to their homes in the different states, twelve young women who came to seek their fortunes in Chicago.

Miss Ratcliff, representative of the Erring Woman's Refuge, has done like service and has found homes or shelter in the refuge for many of our girls.

Mrs. Minnie Jacobs Berlin, one of the most efficient charitable workers, cares for all the Jewish offenders who come to our court.

Miss Kate Adams, of Coulter House, has given a home and provided efficient medical care for many young women.

To Rev. Alice Phillips Aldrich, representative of the Law and Order League, we are also indebted for valuable services, for by her sweet and gentle counsel she has interested many wayward girls in the right way of living.

Mrs. Andrew J. Graham, president of the Auxiliary of the Convent of Good Shepherd, always brings the sunshine with her when she comes into the court. She has extended aid to many from her private purse and has advised the opening of the Convent of Good Shepherd to the older offenders as well as the young women under eighteen years of age.

There are many women who still need care. I refer to the women of the street who are fined and who pay by borrowing and are worse off than before. Their intelligence is of such a low order that they are unable to reason for themselves. For this class of offenders better laws and a new way to help them by permanent home finding under the State's care will be necessary before we accomplish our high aims. As she now is, this woman of the street is a menace to herself and to society in general.

Respectfully submitted,

DR. ANNA DWYER

*Court Physician*

REPORT OF COMMITTEE ON MENTAL DEFICIENCY AND INSANITY  
OF THE AMERICAN ASSOCIATION OF OFFICIALS  
OF CHARITY AND CORRECTIONS<sup>1</sup>

[By H. Douglas Singer, M.D., M.R.C.P., Director of the Illinois Psychopathic Institute, Kankakee]

In the following report an attempt has been made to outline a general plan of the developments and organization which seem to be most urgently needed in connection with the prevention and care of the insane and mentally defective. For this purpose letters have been sent to all states asking for information as to particular problems most urgently calling for settlement together with the remedies proposed for their solution. Some of these questions will be discussed by the speakers who have accepted the invitation to address you and will therefore be passed over here in silence. The field which remains is still so large that it is hopeless to even think of covering it in any detail and no attempt will be made to do more than touch upon those which appeal to the speaker as being of most urgency. Where opinions are expressed it should be stated that they are given without consultation with the other members of this committee and hence represent only the views of the writer. Many of the points mentioned are brought forward with the object of arousing discussion, thus affording an opportunity for all to benefit by the special experience of those who have more or less successfully faced them.

As one studies the reports from the different states one cannot but be impressed and gratified with the fact that the political spoils system is rapidly being eradicated from the charitable institutions, although still in evidence in many places and in some predominant. It may be quite unnecessary before this audience to dilate upon the paralyzing effects of such a system, but it should not be forgotten that they are not understood by a great many citizens. A very intelligent and highly educated gentleman of national prominence remarked to me but a short time ago that he had always believed that any good doctor would make a good superintendent for an insane hospital, and that this belief had required close personal contact with such an institution to convince him that it was not true. Every change of superintendents, even when experienced, must mean considerable extra expenditure for the State because of the difference of opinion as to how things should be done, but the economic waste, to say nothing of the corresponding lowering of efficiency with its attendant hardships for patients, is enormous when the appointee is entirely untrained even if he be a skillful practitioner and an admirable man personally. All of us who work in such institutions know the justice of this condemnation and we should, as servants of the State, take every opportunity to express this knowledge emphatically and without hesitation.

Simultaneously with, and as a direct cause of, the decadence of the spoils system has come a broader conception of the significance and importance of the social problems of insanity and mental deficiency. To a large extent these two fields overlap, although each has peculiar difficulties of its own. In both heredity plays an important role in causation and a large part in the question of prevention. The insane are for the most part already segregated and cared for by the State or under her close supervision. This is far from true, however, for the feeble-minded, the epileptic and the alcoholic.

Among the many progressive steps which have recently been taken in this connection is the establishment in certain states, notably Massachusetts, New York, New Jersey, Maryland and Virginia, of a bureau for the collection of information concerning the number of feeble-minded children in their communities. The figures, at present for the most part estimates, are somewhat startling and yet probably well within the bounds of fact. They demonstrate not only the extent of this affliction but also the inadequacy of the means taken to deal with it. Thus Massachusetts estimates her feeble-minded populations as 7,861 (or 1 to 446 of the population), of whom less than

<sup>1</sup> Read before the Fifth Annual Meeting of the Association at Memphis, Tenn., May 7, 1914.

one-third (2,329) are under state care or supervision. New York, with an estimated 30,000 feeble-minded persons, has only 4,000 for whom provision is made. In most states the accommodation provided is even less.

The method whereby it has been suggested to collect this information is the systematic application to all school children of the Binet-Simon or of some other set of intelligence tests. Where compulsory school attendance is enforced this will afford a means of detecting all such examples and at the same time permit the employment of special teachers wherever there is a sufficient number of subnormal children present in a school district. Such a system has already been adopted in Massachusetts and cannot fail to improve not only conditions as regards the backward children, but also those of more average mentality who will thus not be held back because of their slower fellows. A record will thus be obtained and a register kept of all the more or less feeble-minded population of the State.

Obviously the more severe forms of deficiency are more easily recognized and are liable to prevent attendance at schools. Such cases must always remain extra—social and sufficient accommodation must at the least be provided for their permanent and compulsory segregation where the conditions of the home require it. Even this would mean a large increase in the size of the feeble-minded colonies and schools in most states. The problem of the lesser degrees of subnormality is larger and more difficult of solution. Complete and immediate segregation is practically out of the question, as it would mean increasing the accommodation to very nearly equal that at present provided for the insane. Yet it is unquestionably a fact that many of these cases are a greater menace to society for the reason that they are capable of greater activity. They constitute in later years a large proportion of the inmates of reform schools, jails, penitentiaries, almshouses and houses of prostitution. Furthermore many of them are markedly fertile and procreation is certain to continue unchecked by any voluntary continence. It should also be remembered that the best training in the world can do no more than render these unfortunates more easily and economically handled. It can accomplish nothing in the way of removing the deficiency or preventing its propagation.

Hence the ultimate and only method of handling this situation must be segregation, preferably in colonies. The problem is identical with that which must be faced in connection with epileptics and inebriates, and it is unnecessary to dilate upon them further here. First must come the collection of facts and the determination of their actual significance to be followed by the broader dissemination of this knowledge and the education of the citizens of the State. Then it cannot fail to be realized by all that, as Fernald says in regard to the need for increased institutional provision for the feeble-minded, "The cost of this provision will be great, but not as great as the present cost of caring for these same persons." "No other investment could be so profitable, not even in canals or railroads or factories." The State has to support these individuals in any case. At present she does so indirectly but at enormous cost and without a word to say as to the manner in which the money is spent. The recommendations here made, based upon the experience and opinions of those who have devoted much time and study to these problems, mean not only an effort to substitute properly regulated and controlled business methods for the haphazard system in vogue, but they contain also a definite prospect of prevention and hence of the diminution of the evil.

It is true that surgical sterilization has been suggested to cope with these problems in a simple and inexpensive manner. First enacted as a law by Indiana, this measure has been legalized in several other states but has nowhere been enforced. Indeed the Indiana law specifically applies only to those individuals who should never under any conditions be allowed to return to civil life. It could never be made applicable to those for whom it is most needed and if practiced would still permit the broadcast transmission of venereal diseases, one of which, syphilis, is a most potent factor in the production of feeble-minded and degenerate off-spring even in stocks otherwise apparently sound. It is therefore somewhat surprising to note that this measure is being advocated for adoption in some states today.



The broader efforts for State regulation of marriage such as that adopted by Wisconsin require much more careful study and exact knowledge. That the feeble-minded, the epileptic, the inebriate, etc., should not be permitted to procreate needs no demonstration, but it should be remembered that in the first place the prohibition of marriage without segregation would not accomplish this purpose, and secondly, that we are still far from being able to recognize, outside of the gross examples mentioned, those who will produce degenerate offspring. For these reasons a word of warning against hasty and ill-considered fanaticism is well worth while. Such efforts are foredoomed to failure and can only retard a sane and sound method of procedure.

The systematic examination of school children by competent physicians applied as above for the detection of feeble-mindedness might well also be extended to the determination of the presence of those types of character and peculiarities of adjustment which are now recognized as leading up to the development of certain psychoses and psychoneuroses. Such types are gradually being more clearly defined and if detected early there would be afforded an opportunity for special training which offers, at the present, the best prospect of preventing the outbreak of such mental disorder. Of what such training should consist still remains to be demonstrated, but for many of these, as for backward and feeble-minded children, practical work rather than literary accomplishments and more speculative studies would certainly be preferable. In some of the State schools for defectives such substitutions are being made with advantage.

One problem which from practical observation seems to me of especial importance is the need of provision for the care of the large class of delinquent defectives of adult age. So far as I am aware Massachusetts is the only state which has enacted a law permitting their permanent segregation. Over and over again one meets with such individuals, not only in reform schools, jails and penitentiaries but also in hospitals for the insane from all of which they are perforce sooner or later returned to society. In providing proper means for their permanent segregation it should be remembered that the penitentiaries will thus be deprived of a large source of material, at a time before crime has been committed, and a further economic saving be effected by the reduction of expenses for courts and prosecutions which would follow. Much prostitution and hence the dissemination of syphilis would be prevented. The bearing of this last factor upon the etiology of insanity, mental deficiency, epilepsy and other forms of degeneracy is only partially appreciated by the general public and, as a general rule, but little consideration is devoted to it in the reports and recommendations of those engaged in the Charities Service of the several states.

Much more might be said upon these important matters, but time is short and there are certain other problems more directly concerned with the care of the insane upon which I wish to touch briefly. In most states the insane either already have been, or rapidly are being, taken from the care of the county, by which is generally meant the jails, poorfarms and almshouses, and placed directly under that of the state authorities. This has led to a great congestion of the state hospitals which is urgently in need of remedy. Satisfactory work cannot be carried out where such overcrowding exists. It has also led to a reconsideration of the methods of commitment and first care which has been, and still is, one of the blackest chapters in the story of the insane in this country. Arrested by the police, thrust into jail, haled before a court and delivered into the hands of the sheriff, to be carried, possibly in straps or handcuffs, in a public conveyance to the state hospital is the unfortunate fate of many an insane man or woman. The greatest humanity and consideration offered at the hospital can never wipe out this affront. It is bad enough for those poor degenerates who commit crime, but unspeakable for a sick man. No wonder that a stigma attaches to the insane hospital and that entrance to them is dreaded and postponed until all else has failed. This very real and crying shame is slowly being wiped out by the enactment of laws rendering commitment



more easy and simple, but above all by the establishment of reception hospitals, or psychopathic wards in general hospitals, in the more populous districts.

Every large city should have some such provision and admission to its service should be made as easy as possible. Patients should be encouraged to enter voluntarily for observation. Whether such hospitals should be under the care of the State, county or municipality is a question which local conditions must decide. In many cases State control would remove some of the difficulties incident to laws prohibiting the detention of insane persons for an extended period under county care and would facilitate the means of humane transfer to a State hospital should such be necessary.

In connection with these receiving hospitals should be established properly equipped means for the investigation of the causes of the insanities and the conditions under which they arise. Being strictly local the homes and working places are readily accessible to study, the relatives and friends can be readily interviewed and information obtained which it is often very difficult to collect in the more distant district hospital. An out-patient department with an adequate corps of visiting nurses and field workers can do much to prevent and mitigate the evils of these terrible afflictions. Much excellent work of this kind is being carried out through the agencies of the National and State Societies of Mental Hygiene which would co-operate locally with the officials of these hospitals. The after-care of patients upon discharge from the State hospitals could also be regulated from these centers. Many cases now cared for at the expense of the State could be released if proper supervision in their own homes were possible and undoubtedly many readmissions could be prevented. It is difficult to show in dollars and cents the actual economic value of the work accomplished but reference may be made to the first report of the Maryland Committee, published in December last, wherein it is shown that \$2,600 was actually saved in nine months, this being 100 per cent more than the expenditure incurred. Besides this it was estimated that in twelve cases alone considered the committee had effected a probable saving to the state of \$32,000. The establishment of such workers with ample supply of funds becomes thus a matter of the strictest economic importance.

While such measures are simple and adequate for populous centers the problem is somewhat different for rural districts. The county jails are still almost generally used and while laws prohibiting the detention of such patients in a jail for longer than a specified time exist in certain states this method must be regarded as anything but ideal. New York has adopted a plan which is said to be giving excellent results whereby the care of these patients is vested in the local public health authorities who are required to provide proper accommodation under supervision of the State Lunacy Commission. This has the great advantage of simplicity and deserves the careful consideration of every state.

Having thus provided for the early care and commitment of the insane the next problem is that of more permanent care and custody. Under this heading comes the question of the size, location and general plan of state hospitals.

I do not propose to discuss this matter at any length but would merely suggest that they should be as small as is consistent with economy, best not larger than a capacity of 1,500 to 2,000 patients and conveniently placed so as to be accessible to the friends of patients in the district which they serve. The general plan must bear in mind that in the majority of instances two classes of patients are to be cared for (1) those requiring hospital treatment; (2) those who are expected to live permanently in the institution. For the former the hospital idea should be carried out in every detail; for the latter an attempt should be made to have the conditions as closely approximating a real home as possible. For this end the plan of construction must provide for regular occupation and amusement with adequate accommodation in the form of colonies and industrial buildings. Nothing is more conducive to an expensive and untidy institution with poorly clothed irritable patients and frequent accidents than the enforced

idleness which is unfortunately such a frequent and prominent feature in many state hospitals. Much of the terrible deterioration of the inmates which renders them so difficult to handle is the direct result of inaction and idleness. It is preventible with proper means for training and employment. Money expended for this purpose is strictly an economy and cannot be too strongly urged. Some states are considering the advisability of paying their patients for work done just as is now the practice in some penitentiaries. That this would be an incentive in many instances cannot be denied. Whatever be our attitude upon this question there can be no hesitation in admitting that the work provided should be of useful character in order to be of the greatest advantage to the worker. Non-restraint is gradually permeating the hospitals of this country and is extremely difficult, if not impossible, without employment. While speaking of this I would like to emphasize the fact that non-restraint is no experiment, it has been proven successful many years before its adoption in this country. Furthermore, it is not the substitution of one form of restraint for another such as usually results from a half-hearted compliance with its principles and the mere removal of the more gross means of mechanical restriction. Non-restraint is a principle which must permeate the whole personnel of a hospital in order to be successful. Large cities will necessarily require large hospital accommodation and a brief reference to the plan now being followed in London might be worth while. Instead of establishing the immense institutions found in this country they are building a number of smaller hospitals each of a capacity of about 2,000 patients in close proximity to one another, but under entirely separate management, although supplied from a large central water and power plant. This means the acquisition of a tract of land within easy access of the city of sufficient size to permit of the extension of the system as time requires.

In concluding permit me to summarize briefly the recommendations here made for making a concerted and well organized attack upon the problems of mental deficiency and insanity:

(1) The formation of a bureau for collecting data and stating clearly the conditions to be faced.

(2) The education of the public by means of the material thus gained.

(3) The permanent segregation of feeble-minded, delinquent and epileptic children and of inebriates partly for reasons of economy in the support which must in any case be afforded to them and largely for the purpose of preventing propagation.

(4) The establishment of psychopathic hospitals in all populous centers.

(5) The provision of means for properly caring for insane persons in rural and thinly settled districts pending commitment and transfer to a state hospital.

(6) Increased ease of commitment and humane methods of transfer to state hospitals.

(7) The establishment of societies with field workers for after care and prevention.

(8) Enlargement of the means of employment for custodial cases of all kinds.

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## CONCERNING THE STAFF PHYSICIAN IN HIS RELATIONSHIP TO THE VARIOUS PHASES OF HIS WORK<sup>1</sup>

[By Charles F. Read, M.D., Assistant Superintendent Chicago State Hospital.  
Formerly of Kankakee]

As public servants, we are in "The Service" to see that the patients in our insane hospitals are as well provided for as permitted by the means at our command. The law requires that each and every insane patient shall

<sup>1</sup> Substantially as read before the classes in instruction in the Phycopathic Institute in December, 1913, and January, 1914

be seen by a physician at least twice daily. In times past this was too often literally the extent of medical supervision; but nowadays, sharing in the general awakening of conscience in the care of the insane, we have come to interpret our duties much more broadly than the letter of the law.

An eight hour day is now officially considered the minimum measure of active duty. Active duty, however, means productive activity. Merely holding oneself subject to call while loafing about the office or one's room does not fill the bill. What we want, what we need in the service, is not merely potential energy but kinetic energy as well, and kinetic energy in large quantities. Wasting an hour's time over a half dozen letters is not productive activity; nor is a half hour's chat with a fellow physician at 9:00 A.M. and again at 11:30 with a premature retirement to one's room at four or half past four in the afternoon. It is probably fair to say that in the average staff of eight or ten physicians the State in this way, and similar ones, daily loses, in the sum total, the time of an additional staff member.

The remedy lies in the conscience and ambition of the individual and in the *esprit-de-corp* of the entire staff. Even in a single state there is a vast difference in the staffs of the various institutions. An honest hard-working staff inspires the new-comer with a spirit of drive. A lazy apathetic one gives him license to do as he pleases. Rarely can one man alter the *modus-operandi* of such a staff, but he is always free to go ahead as his own conscience and ambition dictate. Some there are who say that there two goads, conscience and ambition, are but one, since a man always reacts in the direction of self-interest—the difference in individual reactions depending only on the extent to which the individual has sublimated or idealized his desires. Even granting this, we may at least concede this instinct to exist in two guises; the one a humanitarian desire to serve one's fellows, the other professional ambition.

Upon all our wards there are patients to whom an increased comfort of mind and body can be secured by a ward-physician who is interested in his work from a humanitarian standpoint. It is a satisfying achievement to make a clever study of an obscure mental or neurological case, but it is also good occasionally to talk over home affairs with a worried housewife whose anxieties where her family are concerned may be all too well-founded. It is a satisfying thing also to look after the patients and see that they are getting what they should have in the way of food and clothing. Only the other day I happened to see some toast brought into a ward of bed-patients and first of all to a deaf and dumb woman, an idiot from birth. I thought the platter looked rather uninviting, but when the deaf and dumb woman took a piece and let it fall with very evident disgust as she refused it, I looked into the matter more closely, to find that the platter was stone-cold and the toast no warmer. The charge nurse and the supervising nurse who were with me at the time rather took the affair as a matter of course. That is, it had always been that way so what was the use of making a fuss about it. The patients are supposed to get toast and they get it—even if it is cold.

Our wards are full of troubles—minor troubles they may seem to us, but very large in the eyes of our patients. Cold toast is probably the least of them. Only by living as it were, upon our wards can we correct these difficulties. There are staff physicians whose regular time for visiting five hundred patients is forty-five minutes to an hour. It is in with them, and to the charge nurse with "How is everything today?" a rapid walk through the ward and away again—time, five to eight minutes. Do you wonder that such medical attention fails to satisfy our patients? Is it strange that they come to look upon such a physician as unapproachable and entirely hopeless as a guide, philosopher and friend?

We should do our very best, and fight with ourselves, if need be, to maintain an individualistic viewpoint, to think of our patients singly, in the concrete, rather than as so many quiet dements or as so many noisy, restless ones, etc., etc. Insanity is a terrific leveler of all the finer distinc-



tions, but in almost every case we shall find lurking somewhere, if we but look carefully, the former occupant of the now dilapidated tenement.

Unfortunately, opposing the idea of such individual attention the cry is too often set up, "We have not the time to individualize our work. The red tape of hospital routine is all around us and our feet are so entangled in it that we can make but little progress in what is supposed to be our real work." There is some truth in this plea, but not at all enough to justify it. A certain amount of red tape there must always be in institutional work. Certain requirements must be adhered to else we should fall into chaos. But the real difficulty does not lie here so much as in the failure of many staff physicians to plan their work with care.

Without plan, activity of any kind is robbed of much of its effect, in fact, is very apt to become scattering and almost praecox-like in character. With system one man can do the work of two whose efforts are scattering—one bullet well-placed will kill an elephant, whereas a rain of bird-shot will scarcely scratch his hide. Some of us have been in the service for a number of years, others for a comparatively short time, but all of us can profit by paying more attention to system in our work. Ten minutes spent in planning the day's work is likely to save an hour of energy uselessly or faultily expended. A week or a month spent in planning the year's work is quite apt to land a better position at the end of that time. In the east sometime ago an enthusiastic staff physician of ordinary mental makeup, set to work to re-educate a group of terminal demented. By dint of persistent systematic endeavor he succeeded to quite an extraordinary degree, and not long after was called to the superintendency of an institution in a neighboring state. He had best served himself by serving both his humanitarian and professional conscience.

Potential energy is just as valuable a factor as kinetic energy in the makeup of the productive staff member, but it is not so easily demonstrable—not so showy a component of our professional makeup. Latent energy is represented by our ability to come up to the scratch. It represents the capacity for over-loading. A staff man may do very fair appearing ward work, look after the physically sick, report bruises, investigate abuse, write good letters, etc., etc., and still store up next to nothing in his mental reservoirs. The habit of observation is one in which most of us are woefully deficient. Conan Doyle is, or was, a physician and the model upon which he built his famous Sherlock Holmes was also a doctor. There must always be in the makeup of the physician something of the ferret, and in our especial work this quality should be so cultivated as nearly to constitute an instinct. A detective, however, must possess knowledge as well as apply it. Sherlock Holmes, for example, learned to recognize the brands of numberless cigars by their ash. In order even to enter the outskirts of a disordered mental activity, we must familiarize ourselves with all the ways and by-ways of the mind that are open to examination. This means study and endless observation during the day and study by night.

None of us read enough, much less do we apply ourselves to actual study. Take it by and large, how much do we know of what other men are doing all around us. Could we talk intelligently for a half hour about heredity and the Mendelian Law, or about the interpretation of dreams and the Freudian theory of the psycho-neuroses? How much attention have we paid to personal makeup in its relation to the development of functional psychoses? How much do we know about subnormality? How much do we know about what other men are doing with the problems that are daily confronting us? To what extent are we dodging the issue by frittering away our time in place of frankly confessing to ourselves that we know next to nothing, and setting ourselves to task of lessening our ignorance. We cannot learn all things by absorption on the wards or at staff meetings or in talking together. Not by a long, long ways. We have to get down and dig by lamp-light for the things that are worth while, and when we think we have them we must take them out with us on the wards, there to fight out the rest of the battle for a little real knowledge.

We are prone to pose as alienists after we have spent a little time in a hospital for the insane; which fancy reminds me in a way of a medical



expert I once heard explain to the jury after he had furnished them some rather weird information—that he was trying to tell them what he *thought* he knew about the matter in hand. Too many staff physicians are going about on what they think they know. In place of an auto truck they are running only a wheelbarrow, and when the time comes for overloading they incontinently upset. They are not competent to work up a medical paper. They cannot diagnose an obscure case of fever on the hospital ward. They never fit themselves for the charge of an acute service, and even their reports concerning escaped patients must be rewritten again and again. They begin to complain of having too much to do as soon as they are assigned a little extra work. They are good enough for an easy routine but of little use for anything else. They cannot be pulled along and they refuse to be pushed. Their principal mode of locomotion is sidewise.

Some staff men there are who acquire these characteristics early in their institution life, and to fit them we have the pat phrase “institutionalized.” Two men enter hospital service at the same month. The one may become a creature of indolent routine inside of six months, while the other is still broadening and growing at the end of six years. Call it ossification or petrification if you will, but not “institutionalized.” Do not blame the institution for a premature loss of mental epiphyses. Of course life in an insane hospital may be made easy, but ten chances to one, fatty degeneration of the brain would have occurred very nearly as quickly had the afflicted individual been practicing upon the outside. In almost any medical society meeting we meet any number of men whose feet are just as surely clattering about on exactly as petty a treadmill as ever was found in an institution. Don’t blame the hospital for the rut. The trouble is with the man.

Now and then I meet men who frankly admit they are in the work merely for the money there is in it. They are “saving up a nest egg before going into general practice.” Some of these men are good and others are very indifferent. Certainly a fellow who does not make the most of his opportunities while in this work is in a bad way, for while he is saving money he is in great danger of losing professional ambition—to say nothing of a great opportunity.

Passing mention has been made of the writing of medical papers. Only a few days ago our superintendent spoke to me of the advisability of the Kankakee staff getting busy along these lines—putting itself on the professional map so to speak. Dr. Kelly is a general practitioner. He does not assume to be a specialist in mental diseases but he is a medical-society man of many years’ active service, and in three months time was able to put his finger on one of our sore spots. We do not do enough “paper” work at Kankakee—but in our weakness we are as strong as the other medical staffs in the State.

Personally I am not of the opinion that one must have a brand new idea or a wonderful discovery before he set himself to writing. It is given to few men to announce the discovery of *treponema pallida* in the parietic brain. We must not despise humble beginnings. Afterwards, when we have read much, digested much and learned to observe, our horizons will naturally widen and our ideas quicken, until in time, someone of us perhaps, may give birth to a fact quite worth years of groping. Primarily we must confess that the getting ourselves into print and before the professional public is a sublimated form of exhibitionism. Acknowledging this to be true, there is really nothing to be further gained by the defense reaction of excessive modesty. Glance over the average psychiatric publication, and much new stuff do you find? Precious little as a rule. The most of it consists in ringing in a few changes on old, old stories, added examples of this or that, substantiation of other men’s findings, etc. To be sure, a novel idea or a new fact is always a pleasing thing to meet, but again, we all quite enjoy reading over what in substance is familiar to us. It is easy to assimilate along channels already open, and for this reason we find the average medical journal pleasant reading. In street cars, now and then, we come across

the sign "If you read this ad. others will read yours." The same is true of medical literature. If you read other men's stuff they will read yours. Write your paper and send it to some editor. Meanwhile you will gain confidence and information you would not have without the stimulus of literary activity.

Interwoven quite closely with the subject of the staffman's attitude toward his work in general is that of his attitude toward the hospital management—and by hospital management I mean not only the superintendent, but the entire hospital force under him.

First, as to employees not in the medical department. In this relationship there are two important factors which require mention—courtesy, and loyalty to one's own department. Not rarely employees of other departments complain that they have gone to a doctor for some trifling favor, medical or otherwise, and have received scant or surly attention. Often such tales are greatly exaggerated, but now and then they are true. We cannot be too careful in our readiness to oblige those outside our own service. An attitude of agreeable willingness in such matters, if consistently maintained, will build up for a man in a year's time a reputation about the grounds that will make his path smoother for him in surprisingly many ways.

Loyalty has been the slogan of institution management from time immemorial. Of course one is always loyal to his superintendent, but one must do better than be passively so. The requirements of the superintendent, in so far at least as rules concerning our own service go, should receive our active support. Often physicians shirk this responsibility. They are too apt to leave such matters to the supervising nurses. If the superintendent requests that all patients should be searched at least once a week, to my mind it is a matter of *loyalty* on the part of his assistants to see that this rule is scrupulously carried out, and not allowed to fall into disuse through neglect. The supervisors follow the lead of the ward physician and the charge attendants are quick to follow suit. It is easy to make a rule but hard, indeed, to see that it is properly carried out. The medical officer must aid in this work.

Concerning the staff man's attitude toward his assistant superintendent, good taste prevents my saying much. Indeed I have little to say. I am well aware that an assistant superintendent, while enforcing various rules and orders and endeavoring to so co-ordinate the activities of the medical staff as to make things move along, earns for himself some hard thoughts and ill wishes. In any given instance he cannot be certain of the way in which his most innocent requests will be interpreted. Physicians by reason of their training are possibly rather inclined toward pride and jealousy. Toes trodden upon will ache and very naturally the guilty man is the fellow who did not appear to look where he was going—never by any chance the owner of feet that were in wrong place. Remember that your assistant superintendent does not rest in a bed of roses. Support him as well as you can and when you feel you have a grievance, go to him with it before talking to others. Ten to one you will find it is due to some misunderstanding that a few minutes talk will clear up entirely.

The relations of the staff member to the attendant body is a difficulty one to properly maintain, but, roughly speaking, an ideal position consists in the attainment of a fair balance between undue criticism on the one hand and laxity on the other—between impersonality and undue familiarity. Attendants are very human. Qualitatively and quantitatively their reactions are the same as our own. If they are passed without a decent "good morning" the fact is resented. If we make ourselves hail-fellow-well-met with them, we may expect to be served in an easy going fashion. If we criticise unduly and thoughtlessly, negativism is apt to be aroused. Give the attendant his dues and a little more. Be punctilious with him, criticise him fairly and oftenest with a smile if you can contrive it. Now and then, in decent language, floor an obstinate or flagrant offender. First be sure

you are right, then tell him concisely what you think about him. Greet him next day as if nothing had happened and, ten to one, you will get good results.

As to the staff members relations to one another, attention need be drawn to but a few points. As a rule I have found that the men—and women—of the staff get along with one another fairly well. However, we all live quite closely housed together and the community has necessarily but a single workday interest. As a result of this the thought of all is too apt to run along the same lines, thus giving opportunity for much friction and little chance for reaction to invigorating stimuli from outside. We must in self defense interest ourselves in other things than medicine. If we do not interest ourselves in sports, music, art, literature, etc., we lay ourselves open to repeated attacks of mental and spiritual scurvy.

Extreme gregariousness, I believe, is a dangerous thing about an institution. Too intimate friendships among ourselves are dangerous in view of the opportunities we enjoy for an almost continuous companionship which in time must work out more or less unhappily. As soon as the shell of a decent reserve is worn away with too much sociability, our friend is very apt to proclaim "the meat is wormy, bitter to the taste, better leave it alone. Here is another one, let's see what is in this."

Last of all, to return to the one relationship conditioning all others, a final word concerning that of doctor to patient. Let us all remember at all times that our insane are verily sick, and as such demand all the decency, courtesy, and sympathy we can muster. There are times, hundreds of them, when we have to struggle with ourselves for all there is in us to preserve this view point and there are times when we clean forget it; but in the long run it is the realization of this relationship that has brought the shackled wretch up out of his dark, straw-littered cell into the clear light of the decent world with clean linen and free hands.

We have a long road still to travel in this direction, but we shall be able to follow it through if we keep close to the guiding beacon of this "doctor-patient" idea. This shall keep us from restraint—save where it is itself most humane. This shall keep us from bitterness and help us to study. This shall hold us by the arm while anxious mothers beg to be comforted. And in every way this spirit becomes a part of ourselves, shall make of us men and women too broad for narrow ruts, too eager for better things to be contented with things as they are.

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## STANDARDS OF "PLACING OUT IN FREE FAMILY HOMES"

[By W. S. Reynolds, Supt. of Illinois Children's Home & Aid Society]

Opposition to an established method or policy is often a logical reaction and serves to reveal points of weakness compelling repair and reinforcement of tremendous value. The history of "placing children in free family homes" points clearly to periods of abnormal development and periods of inevitable reaction. A number of years ago child caring experts notably of the eastern congested cities determined that in the last analysis the family must be the retreat and natural refuge of every normal life; that when the parental home is denied it is a waste of time, as well as detrimental to the child, not to secure at once a foster family to supplant the loss. Because of social, industrial and economic conditions, the small cities and countrysides in the East did not furnish the supply of "free homes" sufficient to meet the demand. The prosperous farms of the Middle West; the homes of thrifty industrious pioneers on the broad prairies presented a great temptation for indiscriminate distribution of children. In hundreds of counties in the western states, the courthouse steps were made receiving places for carloads of children in compliance with previous

<sup>1</sup> Read before the National Conference of Charities at Memphis, May 13, 1904.



announcements inviting the farmers to come and select such lads and lassies as might most appeal to them.

Because of the great distance separating the children from the guardian organizations; because of little previous consideration of adaptation of the child to the home; because of questionable legal guardianship; because of impossible supervision, and because of the appealing cry of rehabilitated parental homes, the inevitable reaction came. Organizations found themselves unable to satisfactorily account for the lives entrusted to them; children who happened to enter homes of unprincipled foster parents had no protection; foster parents felt no responsibility to any legal protector of the child; and fathers and mothers crossed one-half the continent to find their children, taken by questionable authority. Unfortunately, but justly, the system of child placing in this country was dealt a blow from which we in Illinois have scarcely recovered. Between forty and fifty children, wards of a New York organization placed in Illinois and adjoining states, are now the residue of a large number so placed in years past, and are being supervised by us. During the past year we have witnessed scenes of distress and heartaches, not because of unfit foster homes, but because of insecure guardianship leaving the foster child and family unprotected from unfit natural parents.

I do not wish to appear skeptical in regard to foster "family care" of children; nor to have been building an argument against the method, but rather to present some mistakes of history so clearly that those who may be just beginning will not repeat the blunders. The principle is fundamentally right; and out of the past will grow a strength not available to those of a generation ago.

It is well to have clearly in mind all that is implied in "Free Home Care." What it means to the child and to the home. First of all, it means that the family takes into its membership without compensation, a foreign child for whom to care, train and assume responsibility. It implies there must be a motive on the part of the family for assuming the care of the child. It likewise implies some quality in the child attractive to the family. In a large number of instances it means a preconceived attachment and affection for the child; likewise, it means, whether preconceived or not, a reciprocating attachment on the part of the child. In other instances it may mean a less deep seated connection between the family and child, yet there must grow a wholesome, helpful friendship and interest which demands the most intelligent selection of family and child by the authority responsible. It must now dawn upon us that successful "free home placing" cannot be a solution of all cases but implies careful selection and elimination.

It is very true that more and more we must meet social problems by applying measures of efficiency and to look upon the particular condition at hand with an analytic mind. In considering "free home placement," it may be well to first apply the rule of elimination. Sometimes it is possible to greatly simplify a problem in this manner. There is of course in every community a large constant group of children demanding attention and care. This group is always heterogeneous, both as to individuality and environment. In the process of elimination, as those children ineligible to "free family home care," I should designate the confirmed delinquent. Girls and boys with confirmed habits and tendencies of delinquency who fail upon proper trial to respond to normal family life, should not be placed from home to home in a vain effort to prove home placing a panacea for all cases. Such attempts discredit the system and prevent the child from getting the special intensive treatment of which he is in need. The delinquent is a subject for psychopathic and industrial institutional treatment.

The second group to be excluded from the "free home care" is the group composed of the abnormal, subnormal and defective classes. This is a large group and presents a most serious difficulty in the field of child placing. The obviously feeble-minded, idiotic, epileptic, diseased and crippled children are easily classified and there need be no question as to their





### THE LINCOLN STATE SCHOOL AND COLONY

Three of the May day celebration scenes. The occasion was one for which long preparation was necessary and its success reflected credit upon the school and all its officers.



care unless, as in some states, there are no proper institutions or the ample capacity. It is in the case of the child developed perfectly if physique, with a beautiful attractive countenance, for whom the best free home may open, but who in due time develops into a moral degenerate or manifests some other disappointing tendency; it is to this class the child placing organizations have not given proper attention. There are two possible sources of precaution in all these cases:

1. Obtain a complete ancestral history, and
2. Apply the assistance of your best psychopathic clinics and if retardation is marked, take no chances on "free home placing."

In connection with this group it is with the young babies that the most difficulty lies. Organizations are too prone, because of the vast number of childless couples who desire to adopt babies, to place without proper investigation as to parental history all babies into foster families. This is unjust to the family, to society and dangerous to our future life. Babies should be retained under the direct care of the organization until an exhaustive search is made as to facts that will point to the probable physical and mental development of the infant before a permanent disposition is made.

The third group of children indicating by their own condition or partially by their ancestral history, a definite tendency toward physical deficiency and disease, most notably tuberculosis and venereal diseases, should not be given "free family care." Treatment conducive to arrest and improvement in their condition should be secured for all such cases.

The foregoing eliminations are based upon conditions germane to the child himself—upon inherent qualities. There are further eliminations to be made upon the basis of environment, or conditions in no way a part of the child but greatly influencing him. Children taken by legal action from neglectful or unfit parents who may be able to contribute to their support should not be given into free homes. The same is true of children taken from parents who may *not* be able to contribute to their support but may rehabilitate their home life and sometime in the future have a valid claim to their children. Since it is the purpose in every "free home placement" to build up the closest relationship between the child and the foster family, the returning of the child to the natural parents at once destroys this fabric.

After these eliminations what have we remaining? It is quite clear there remain a group of comparatively normal children, in age from infancy to sixteen years, who are dependent or neglected and to whom the parents have beyond any question forfeited their valid claim; and a group, in age from ten to sixteen years, who possess wayward tendencies but may be rescued from a confirmed delinquency. These children, and these only have a just claim upon "free home care."

Having indicated the necessity for a most scrutinizing classification of all children and having eliminated definite types of cases, let us discuss standards with which to measure the "free home" and its supervision. It has been my observation, based upon actual statistics, that free homes applying for children divide themselves into three distinct groups. These groups are characterized by the difference in age of the children applied for and by the different motives actuating the minds of the applicants. The first or largest group apply for children from infancy to six years of age, because of a desire for parenthood, which for some reason has never been realized. The second group apply for children from ten to sixteen years of age, having clearly in mind the element of service to be rendered in reciprocation for the care given the child. The third and smallest group is composed of those families applying for children from six to ten years of age. These families have in their motives a perfectly legitimate combination of desire for the presence and human relationship of the child and the element of service which may be expected later. In considering homes applying for children these three types should be kept in mind, as



the investigation of the home can be made much more intelligently if the age of the children desired and the motive underlying the application, are known.

The point is now reached which makes it necessary to submit certain requirements or guides to be observed and obeyed by every child placing organization or individual. I believe no individual or organization, whether rendering so called public or private service, should be entrusted with the most wonderful possibility this world has produced, the life of a child, unless such requirements as here follow, are carefully observed:

*First*—Determine whether or not the child entrusted to your care is fitted to live in a free family home.

*Second*—Require a written application, recording certain important facts relating to the home, to be filled out and signed by every applicant desiring a child.

*Third*—A personal visit to the home of the applicant, by a visitor employed by and responsible to the organization having the custody of the child.

*Fourth*—A written report showing the result of the visitor's investigation and stating in no uncertain terms an approval or a rejection of the home.

*Fifth*—The selection of a child best fitted to become a member of the applicant's family.

*Sixth*—A visitor should accompany the child to its new home, and in a most impressive manner pave the way for the initial acquaintance between the child and family.

*Seventh*—A visit to the child and family not less than sixty days after placement and sooner, if the case demands.

*Eighth*—Visits of supervision should be as frequent as each case demands, and in no case less frequent than once in six months, until legal adoption.

*Ninth*—Each visit should be reported in writing, signed by the visitor and preserved in the records of the child.

*Tenth*—The custody of the organization should be maintained supreme until legal adoption or legal age.

*Eleventh*—Legal adoption, as a rule, should not be consented to until six months after placement.

*Twelfth*—Territorially the placement of children in "free homes" should be restricted to distances within ready supervision of the organization legally responsible for the child. Transfer of custody from one individual or organization to another in a distant state should not be permitted.

The careful application of these requirements will prevent the downfall of free home placing. Nothing short of their application will insure investigation of free family homes that deserves to be called investigation. Their application will determine whether or not a childless couple possess the necessary qualifications of parenthood. It will discover whether or not a distracted wife is urging her request for a child in the vague hope of reforming an incapable husband. It will reveal in some instances the intense desire on the part of the husband for a bond that will deter an unfaithful wife, the child often being sacrificed in the experiment. It will provide for the lapse of sufficient time to prove that a couple apparently possessing the quality of fitness, have no latent disappointing tendencies manifesting themselves under trial. It will give opportunity for the young foster parents to experience the difference between a nightly crying infant and their former dream of a cherub filling the home with joy and sunshine by day and acting as a grown-up at night. It will discover the truth of the statement in the applicants' request that a little girl from eight to thirteen years of age is wanted because of the peculiar brand of companionship she may manifest as compared with that possessed by two or three young children already in the home. It will insure the lad of fourteen in the home of a prosperous farmer, not only board and clothing, but education, proper

religious observance, honesty, frugality and justice for which he may well reciprocate in reasonable manual service. Who dare say that casual correspondence, or a visit of the applicant to the office of the organization would necessarily reveal any of these undesirable tendencies of foster parents; or that childless homes should be given babies simply because they ask for them?

It has been said that such technique as the foregoing makes this so-human service, mechanical; that a machine is set in motion which in its smooth operation destroys the human element that is so vital and necessary. The man or woman who through heart throb stories of appeal in newspapers succeeds in distributing babies here and there, gathering with each placement an impetus making possible the easy riddance of some one's burden, and the immediate transfer of a precious bundle of humanity to an eagerly waiting childless home; to such men and women technique is an abomination. "What difference makes it," they say. "Here is a baby needing a home, why not place it here or there?" They forget there has been a past and there is to be a future, both having a tremendous influence on the child and family. What if a business concern kept an audit of accounts as these men and women attend to the affairs of children placed under such a method? Suppose a trust company kept track of its dollars as these men and women receive and loan babies. A receivership would be inevitable.

Standards in child placing can not be too exacting; human safeguards can not be too secure. It is for this reason that child caring organizations have an excuse to exist. It is my opinion that dependent children to be cared for apart from their own flesh and blood, should be given to the custody of organizations, but only such organizations as have a right to exist by virtue of their high standards of work, their necessity in the community and their security. In my opinion, there is no place left for the independent individual to assume this overwhelming responsibility, except as he or she may be a part of, or co-operate with a strong agency.

To communities anxious to improve their methods or to establish the most telling propaganda, my thought is this—be careful to embody at the outset these four fundamentals—determine the fitness of the child for the life of a free family home; determine the fitness of the child for the proffered home; the fitness of that home for this child; cement the bonds between the organization, the free family home and the child, by constant and by sympathetic supervision. Then whatever the scheme, your obedience to these principles will justify the faith that the machinery is efficient; that the points of contact are strong enough so that when the load becomes heavy, as it will, the lives for whom you are responsible are secure.

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## INSPECTIONS OF INSTITUTIONS

[By A. L. Bowen, Executive Secretary, State Charities Commission]

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### CHESTER STATE HOSPITAL

Chester State Hospital, March 27, 1914. This afternoon and night I visited this institution for the purpose of an inspection of the premises and to give all patients an opportunity to say to me whatever they desired. With me was Mr. Thomas O'Connor of the Board of Administration, and we made the visit to the wards and listened to the patients together.

As a result of this visit there are recommendations regarding the disposition of certain patients which it is proper for Mr. O'Connor to make to his board.

The physical plant we found in good condition, as to sanitation and ventilation. As I have said in other reports, the State is not spending much

money on this property, because of the plan to move the hospital to the new Joliet prison when it is built.

We made a trip through all the wards and to all the cells after the men had retired and have no criticism to make of the ventilation and the sleeping accommodations. We found a number of beds which need repairing to make them more comfortable, but the bedding was clean and sufficient.

We inspected the kitchen and storehouse and found them satisfactory. The kitchen appeared to be cleaner and in better order than it used to be.

We made some suggestions as to the meat fed to the patients. There is not enough variety in the diet. We found that it has not been customary to supply bacon and ham, and the superintendent was advised to place them on his next quarterly estimates. Mr. O'Connor also instructed him to put in a requisition for a bacon-slicer, which is a great economizer. The meats on hand were good, and the icebox was clean and sweet.

Mr. O'Connor's attention was called to the steam engine which operates the laundry and to the big boiler which is used to furnish steam for the kitchen and the laundry engine, washers and driers. It is possible that a more economical arrangement can be made in this department.

The dairy barn, which is new, had nineteen cows, all in good condition. There is an appropriation for a small silo and preparations for its erection are now being made.

In the hospital proper there are six dormitories in addition to the individual cells. The cells are provided with night-buckets. The dormitories are locked with a large grated door, just outside which, in a short hall, is the door into the toilet and bathroom on each tier. The men in the dormitory use buckets during the night. By moving the grated doors out a distance of ten feet, the entrance into the toilet-room would be left within the dormitory itself, and would permit these men to dispense with the buckets. Estimates of the cost of making the change will be made. Such a change would improve the living in these dormitories.

On this trip every patient was permitted to speak with one or both of us. We sent word to the wards in the afternoon that every man who desired a conference with us should give the attendants his name. We received a number of these men in the superintendent's office, and others talked with us on the wards. I have appended brief statements of those who asked to see us.

Joseph Illardo, an Italian, sent up to Joliet in September, 1913, for wife-murder, is a barber by trade, and after killing her, he attempted to suicide by cutting the arteries of his arm. He contends he remembers nothing of his crime and knew nothing of it until he came to himself in the Chester Hospital just before Christmas. Superintendent Farris believes this man to be eligible to parole.

William B. Myers wanted to speak to Mr. O'Connor to secure his co-operation in establishing a new system of penology.

Chris Joyce, a colored man, wants to go to California, where he has brothers. According to the superintendent they have agreed to furnish the transportation. Joyce promised that he would go to California and never return to Illinois if his liberty were granted him. He has been in the institution five years and the superintendent and assistant superintendent believe he is fit to go.

Chris Hagen and John Trahey, both transferred from Kankakee State Hospital for violence, made pleas for liberty which could not be considered.

Arthur De Rousse wanted to be taken to Governor Dunne, who could take him to President Wilson to get his release.

William Hanley was sent to Joliet for fourteen years. He was transferred to Chester Hospital about a year ago. He asks to be returned to Joliet so that he can be discharged when he has finished his eight years and three months of time. He has still a short time to serve and is then eligible to discharge from prison. Hanley has no occupation. He says his mother and sisters always petted him and did not want him to work.



Frico Tommasa, an Italian, is a good patient. Dr. Freemmel, assistant superintendent, told us he had carefully studied the man and believes him to be a dementia praecox of paranoid form. He could live just as well in any other hospital for insane as he shows no criminal tendencies. Is better off in Chester than in Joliet, according to Dr. Freemmel.

Edwin Skillman, a transfer from Anna State Hospital, wants out, but his mental condition is obvious.

Tony Sampson, an Italian, was one of seven sent down in a group from Joliet recently. Sampson is a petty criminal and has been in several prisons and reformatories, but always for small offenses. This time he was sent up from Chicago for stealing a watch. He evidently is not insane. Superintendent Farris believes he should be returned to Joliet. Sampson wants to go back. Dr. Freemmel believes him to be sane.

John Schluder, of Belleville, was convicted of disturbing the peace and attempt to rape. He is a high-grade imbecile and would be safe at large. He works outside the hospital all the time.

William Price, of Ogle County, is a boy, convicted of crime against nature. He is a defective above average intelligence. His father wants to take him out. Since coming to Chester he has worked outside the hospital and has enjoyed all the privileges.

Milton Carson was sent down to Chester from Joliet, where he was serving a term. His complaints are against the manner of his prosecution and the conspiracy behind it. His commitment papers require that he be returned to Joliet when he has recovered. Mr. Carson is a paranoiac who could get along in Joliet prison as well as in Chester, I believe.

John Tobin has been sick for some time with tuberculous bones in his leg. Is now improving. Is in good mental condition; has insight and knows that he was transferred from Joliet because he was insane. Would like to go back to Joliet. Believes the change would assist in mental recovery. His case has been under advisement for some time.

John Myers, an old patient, presented his own plans for the new hospital for insane which will save the State many millions of dollars.

Samuel Doty carries the mail for the hospital and enjoys outside privileges. Has a temper which explodes occasionally. Was sent to Chester from the Cook County jail. Was accused of shooting a man.

William Dowd and Joe M. Brown asked to be returned to Joliet.

Frank Casey made similar request, but his mental condition forbids it.

Fremont Urch was in Kankakee State Hospital when Dr. Dewey was superintendent; has been in Chester since 1879, he thinks; doesn't know what he was sent to Kankakee for or why transferred here. Has always been a good patient and would go to Dayton, Ohio, if released. Case is worthy of further investigation. The old gentleman is probably harmless.

William Myers is an old man with gray hair and whiskers, a kindly old soul, and gives no trouble; has been in this hospital fifteen years. Was convicted of murder.

Francis Loggan asked for release because he has been here sixteen years.

David Dixon was sent to the Chester State prison and transferred to the State Hospital, because he is an epileptic. There is no reason why the State Hospital should take a prisoner from a State prison because he has epilepsy. The State Hospital is no better prepared to care for him than the prison. Dixon is not insane, according to the hospital authorities.

Peter Neuens is a case deserving attention from the pardon board. This man was sentenced to Joliet. Two weeks after he arrived there he was transferred to Chester State Hospital where he has lived for nearly eight years. He has enjoyed all the privileges. He works outside and does not sleep behind bars. He does the work about center and in the superintendent's quarters; has been faithful, honest and sane. Crediting him with good time, his term at Joliet is about out. He asks, however, that he be saved from the stigma of return to the Joliet prison to get his discharge. Because this man was insane when he was convicted of his crime and served only a few days in the Joliet prison, that time being in the hospital,

and because of his very excellent record and conduct during all these years in Chester Hospital, when he has had opportunity every day to go away, I believe that the technicality of return to Joliet can be waived and this man discharged from custody direct from Chester State Hospital. The question will be taken up with the Board of Pardons by me and Mr. O'Connor.

Many other men asked for transfer back to the prison or the court from which they came, but their mental condition was so manifestly bad that it is useless to occupy space enumerating their cases.

With the exception of possibly two patients we found all quiet, orderly and pleasant; many of them joked with us and thanked us for our attention and consideration.

#### CHICAGO STATE HOSPITAL

Chicago State Hospital, April 2, 1914. I visited and inspected twenty of the wards of this institution today and on each announced myself ready to hear any patients who desired to talk with me on any subject.

The responses were few but I think they were worth while.

One boy, a Russian Jew, appealed to me for aid in securing his release. He said he had been salesman for clothing makers in Chicago and had made good wages but had been out of work during the dull winter season and was hungry but too proud to beg or ask assistance. He was picked up and committed to Dunning. The ward physician told me that he had been unable to discover insanity in the boy. The information which had been given by those who stood sponsor for the commitment was not definite enough to base a judgment on. We had a long talk with the patient. He appeared perfectly adequate. All the evidence, so called, of his mental trouble he explained in a very rational manner. For instance, it was noted that he had slept in the parks in the summer. The boy admitted it with a laugh, saying he had gone there because it was so hot in his room. It was also noted that he did not work long for any one firm. He told us of his various places of employment. "I was so independent," he said, "that I refused to work where I was not treated right and then I wanted to get better jobs and so I moved about. I always had work until this winter when the shops shut down."

The physician telephoned former employers and they all gave him first-class recommendation as a salesman. One firm said they had entered the wholesale field and did not now need such salesmen as he, but if he would come in they would find him a position.

A parole for the lad will be arranged as soon as a position is secured for him.

A woman patient who has been there for many years complained that her husband would not come to see her and had refused to answer her letters. Attendants on the ward who have known her for a number of years gave me their opinion that this patient is not insane. There is no excuse for the husband abandoning her in this manner and I have written him, asking him to see her or to write to her as a simple act of kindness, if nothing more.

I find so many cases of this kind in the State hospitals. There is nothing so pitiful as the story of a wife whose husband has forgotten her, or a mother or father whose children have abandoned them in these institutions. For thousands of our insane the only break in the monotony of their dull existence is the weekly or monthly call of a friend or relative, or the arrival of an occasional letter. A stranger on the ward who has a kind word, a cheerful expression, and, perhaps a joke or two, marks an epoch.

I have heard ministers preach of the unpardonable sin—the sin that, after long and wilful repetition, results in the withdrawal of the appealing hand of the Father of us all. That may be the unpardonable sin, but there is one so nearly like it that the two appear the same; that is the neglect and abandonment of wives, fathers and mothers and children whom misfortune has placed in our State hospitals and homes.

Other cases called to my attention by patients, were all investigated on the ground and adequate reasons were found for what was being done.

The wards visited today were the sixteen in the old main building, two wards recently opened in the new buildings and two wards just occupied in the old county tuberculosis hospital, located on the grounds of the State Hospital.

The opening of these four wards has made it possible to abandon the poorhouse and that gloomy, forboding, old structure is now without an inhabitant save the rats and bats, and bit by bit it is crumbling and falling to pieces.

The removal of the last patient from this building closes the story of the Cook County poorhouse. Within another year there will be nothing to mark the spot where it stood. In its stead will arise the beautiful new administration and reception service of the Chicago State Hospital, for which the last General Assembly made liberal appropriation.

Though the thing itself may pass, I doubt whether the odium and the stigma, the story and the history of Dunning poorhouse will ever be erased from public memory. The vase may be broken but the odor of Dunning will cling to it still.

The two new buildings, erected to the west of the poorhouse, are now fully occupied. I have in former reports described them and spoken of them in high terms. They are excellent buildings in every respect, being fire-proof, easily and well ventilated and provided with comforts of many kinds.

Defects in details now appear. For instance, the clothesrooms are miserably small. They do not begin to accommodate even the necessities, and some clothing must be stored in the basement which is a small excavation, only large enough for the fan and ventilating systems and certain of the service pipes.

The toilets and bathing facilities are likewise inadequate. Both buildings have been occupied by men. One of them was designed for women and contains no urinals whatever. It has been taken for a custodial class while parole patients who work out and are orderly in their habits have occupied the cottage which was erected for men. The first has six stools on each floor; the latter three stools and three battery type urinals on each floor.

Each floor of each cottage has one shower and one tub.

The custom is to bathe these men in the general bathhouse, located half a mile distant. The parole patients are men who work on the grounds, in the boiler-house and do other labor of like character.

Such men should be bathed oftener than once a week. In the summer time they would appreciate a shower each evening. A foot bath at any rate is desirable two or three times a week. Yet neither cottage contains a foot bath.

I fully approve of the general bathhouse, but in this case it is located too far from these wards. Such parole patients as work should have bathing facilities in their own ward. In planning these cottages, the authorities did not know what class of patients would be housed in them, nor could it be possible a year in advance to determine what class would be needing them, so fast do conditions change. I am not, therefore, placing them under criticism. There is, however, little excuse for the small clothesrooms.

My argument against basements is well supported in these two buildings where I found the unventilated, unlighted, small excavation, designed solely for machinery, in full use and patients at work there, assorting and mending clothing. When you put a hole under a building in an insane hospital it is as sure to be used as the sun is to rise. The only way to keep employees and patients above ground is to erect your buildings flat on the ground.

These two buildings were erected with an estimated capacity of sixty each. The appropriation was \$100,000. The cost per bed therefore for the 120 patients was estimated at \$833.

But what has happened? One cottage contains 82 and the other 127, or a total of 209 patients, an excess over the estimate of 89. The cost per bed therefore has been less than \$500.



I am not offering this as a criticism, but as an example of the terrible overcrowding that exists in our State hospitals which makes it necessary to pack human beings as these are packed.

Yet the construction of the dormitories is such that fair ventilation can be maintained. There is radiation before each window, or three times as much as is needed in sleeping quarters. Three-fourths of the radiation in these dormitories will be removed. The cost of this extra radiation and the covers placed over it would have made the clothes rooms large enough. The radiator covers for the patients now in these buildings are superfluous. I speak of these defects in the hope that future cottages may escape them.

These two cottages form the nucleus of a colony. Making seventy-five a maximum capacity, by grouping from seven to ten like them in that section of the grounds there would be enough present to warrant a general dining-room of a capacity of 600 to 800, and possibly a kitchen attached to it. Such colony could have its general bathroom, located in one of the cottages. By adopting the same style of architecture and properly placing the cottages a very attractive and pleasant unit of the hospital can be formed.

West of the main hospital group, the county of Cook, a number of years ago, erected a series of shacks for dependent tuberculous patients. These shacks are connected by long corridors. In the center is the kitchen and dining-room. The end wards are two story high. The intermediate are one story.

When the State took over the hospital for insane it leased back to the county these particular buildings for a short period. Recently the county moved out and the State prepared to use them for insane males.

These rambling buildings are of frame. How they ever passed as a hospital for tuberculous patients is beyond comprehension.

I thought the old poorhouse was the limit, but I was mistaken.

The floors are of a rough composition. The dormitories are big, housing as many as seventy in one room. There are no bathing facilities. Toilets are dilapidated, run down and filthy. Two stools and one wash basin for seventy people was a liberal allowance. The heating apparatus is as near primitive as one could imagine. A special dispensation of providence exempting this place from the laws of combustion is all that has saved it from destruction. In the long corridors there are large hard coal stoves.

The two-story wards are equipped each with a heater and boiler, located directly under the stairs. On the floor in front of them, there is sheet iron to protect the wood from live coals.

Other wards are heated by similar crude and dangerous methods.

The equipment of the kitchen is inadequate in every respect, while the dining-room is almost bereft of furnishings. The refrigerator and the bins for storage of foods are dirty, unkempt and unsanitary. When the county moved out Superintendent Leininger, of the Hospital for Insane, began the work of rehabilitation. The walls of the wards to be occupied were thoroughly calcimined. The frames of the beds were painted. All bedding that the county left was put through thorough disinfection. The wards, dormitories and corridors were sealed and for several days were treated to powerful disinfectants.

Two wards were occupied today and I inspected them thoroughly. I think that they have been made perfectly safe so far as health is concerned. The season when heaters will not be needed is here and by fall the State will have installed a safe system. The stoves or furnaces now in use will be thrown out. A boiler-room some distance from the group should be erected and steam piped into the wards. The beds are all in first rate condition. For the time being the principal food of each meal is brought from the hospital kitchen, but within a short time it is hoped that the colony kitchen can be used. The dining-room will be made presentable.

When the work laid out is complete these wards will be much more pleasant than those in the old poorhouse. During the summer time they will be very desirable. One will be occupied by paroled patients and will not require screens or bars on doors or windows. Ultimately the whole

building will be in use and we will have then a complete colony in itself, housed in inexpensive but comfortable quarters.

With the class of patients to be housed there it will be possible to get along with the toilet facilities, though there should be installed a number of wash basins and one or two more stools and some urinals.

The one-story wards do not present fire hazard. The two-story sections are not high, and there should be no difficulty in getting patients out. The doors to the fire escapes in these sections open in. One of the first things to be done is to change these doors.

I found the main building wards good as to ventilation and cleanliness. Improvements in the service are being made here right along. Since my last visit all the dining tables have been provided with cloths. Most of the dining-rooms have received chairs to take the place of the long benches. How much more presentable the dining-rooms look and how much better the patients appear. Carpets are being ordered for some of the wards. As fast as funds are available other wards will be refurnished.

I saw only one patient in the twenty wards in restraint.

The evening meal was served while I was on the female side.

Among other things was a vegetable stew. In one ward half of that dished out was returned. In another ward, a large one, practically every bit was returned. All the bologna sausage was eaten. The bread, butterine and the apple butter were good. A large quantity of the tea was not consumed. In one ward half the can was sent back, this in the face of the fact that nearly every one drank a cup of tea. Too much was sent to the ward.

If the other patients throughout the institution ate of their food as those on these female wards, from a third to a half of the tea made for the night meal was wasted and fully a half of the vegetable stew was thrown out.

I made some inquiries as to the stew. One ward told me they received it three times a week. Another ward said it came twice a week. However, that may be, it is evident that patients either do not like it at all or they are getting it too often. The meal without the stew would have been sufficient for non-working people.

My argument in favor of serving patients after they have taken their seats at the table is supported by these facts. The stew was dished out to these women in equal quantities, irrespective of their tastes or their appetites before they sat down. All got as much as the hungriest and the biggest eater. All get tea whether they drink tea or not. Now if food was served after patients sat down, a large element of waste through this equal distribution could be avoided. The same is true of the tea. Those who do not drink it should not be served. How much the tea that evening would have been improved if the same quantity of raw tea had been used to half the liquid. The milk and sugar would have counted for more, if indeed, there might not have been an actual saving.

A word as to prunes. It is the hospital custom to cook prunes until they fall to pieces. Half the value of the fruit is lost by such cooking. It is just as easy to cook them right. Large quantities of prunes were sent back to the kitchen tonight.

These observations are not pertinent to this institution alone.

They apply with equal force to all our State institutions. There is waste along these lines. The raw food, as I have frequently reported, is of excellent standards but what treatment it receives in the kitchen and dining-rooms it is impossible to describe.

Less quantity could be cooked for every meal, if the needs and demands of the individual patient were consulted.

Meals would be more palatable if cooks were not in so great a hurry to get the food cooked and out of the kitchen, and attendants would seat their people and then serve them. The quality of the food would be much improved if the same quantity of flavor, sugar, milk and the like, were used in the actual quantity required, and above all there would be satisfaction

all through the institution if there was more variety and the dietician exercised more ingenuity in preparing foods in different forms.

Since my last visit there has been a change in the staff by the transfer of Assistant Superintendent H. J. Smith to the Peoria State Hospital, and the transfer of Assistant Superintendent Charles R. Read from the Kankakee State Hospital. The shift has just been made.

#### ILLINOIS INDUSTRIAL HOME FOR BLIND

Illinois Industrial Home for the Blind, April 3, 1914. I saw all the people of this institution who were in this afternoon and talked with them.

Business in the factory is light, the demand for brooms being small. An instructor to teach the women needle and fancy work of all kinds has been employed and gives all her time to them. This is an improvement in the service which will tell in good results. The number of women in the institution is small and not all of them care to take up this line. Consequently those who do are receiving individual attention and their progress is more rapid.

I am wondering whether it would not be possible to teach some of the men to do something else except to make brooms. Superintendent Shultz has been thinking of the same thing. The reports of other institutions indicate that such is possible, though in many of them account must be taken of the fact that there are more or less young people in the population.

The main building on the inside looked very well. Linoleum has been purchased to be laid in the corridors and on the treads of the stairs. This will add materially to appearances. Work will soon commence on the bath and toilet rooms which are to be made over with terrazzo floors, new plumbing and the like.

The old bed frames which have been in the building for many years are to be replaced by new. Many new mattresses and springs have been ordered. A new gas range has been installed in the kitchen. The refrigerator was neat and sweet and the disorder in the storeroom has disappeared.

A small fire in the ceiling of the men's toilet in the basement has called attention to a danger which is to be investigated. Crossed wires about a plug of a gas pipe burned through the pipe and ignited the gas. It happened during the day and was soon discovered. Had the fire started at night, serious damage would have followed. The wiring in the whole building is to be investigated and made safe.

A new system of accounting and records has been installed which will make impossible irregularities such as were recently discovered, aggregating several thousand dollars. Under the old system it was possible to take brooms from the factory and sell them without the superintendent's or the State's knowledge. It was possible to credit firms with "brooms returned" which had not been returned but had been paid for, the checks being cashed and the money retained.

Other forms of financial perversion were discovered resulting in the discharge of one responsible employee and the return to the State of moneys belonging to it.

The new accounting system circumvents effectually all the tricks by which the State may be defrauded and is a thorough check upon all transactions.

On March 9, Florence Clapp and Porter Rodgers, two of the inmates of this home were crossing Marshall Boulevard nearby and were struck by an electric car. Miss Clapp sustained three fractures of the jaw, six broken ribs, two broken collar bones and many bruises and cuts. It was feared she suffered concussion of the brain. Mr. Rodgers was not so badly injured, but he had several bones broken. Miss Clapp lingered for several days between life and death, at one time being pronounced dead. They have been cared for at the hospital of St. Anthony de Padua, opposite the home, and most excellent care and treatment it has been.

I called on them today. Mr. Rodgers has been about for several days and the splint was removed today from his shoulder. Miss Clapp is able



to sit up and to take some exercise. A number of their blind friends were present and other friends called during my stay.

The affair was investigated promptly by Superintendent Shultz. A few days later Dr. Zeller called on the injured ones. No blame in any way attaches to the home. The driver of the car was arrested and is awaiting trial. Civil suits no doubt will follow. The hospital, surgical, medical and nursing expenses will be paid by the State, but an effort should be made to secure reimbursement from those responsible for the accident.

#### CHICAGO STATE HOSPITAL

Chicago State Hospital, April 14, 1914. Today I visited twenty-four wards on a tour of general inspection, these wards being those which I failed to see on my visit of April 2, 1914.

In a general way I find an improvement in the appearance of the patients and in the condition of the wards themselves. There is evident a sincere effort to bring the institution up to a high standard.

Among the improvements noted is new toilet equipment in a number of the detached cottages. New tubs and toilet fixtures have been installed in the two cottages for untidy males and females and some of the old flooring in the water sections has been replaced with terrazzo, much to the benefit of appearances and sanitation. More of the same work is to be done. The floors in these two cottages are desperate. They are of wood, which by constant scrubbing, has become rotten and filthy, omitting odors of a disagreeable character.

The plan is to refloor the dormitories and dayrooms and to replace some of the old furniture with new.

I saw no restraint on these two wards and the women were well dressed compared with former times. On this particular ward, a few years ago, it was customary to have as high as twenty women in restraint at one time. The patients present today are of the same class. Here is an evidence that it can be done.

The four cottages on the west side of the street are receiving new bathtubs, wash bowls and bubblers. The new tubs, wherever installed, are extra long and are provided with large valves so that they can be filled and emptied quickly—in fact they are the continuous type.

These wards were in very good order in every respect. The cottage in which the fancy work instruction is given was a very interesting place. Nearly one hundred women are now in this class and a large amount of good work is being made.

The farm cottage has just been transformed by new plastering and paint. This is probably the best ward at the institution. Much of the old plastering had fallen off. The floors and woodwork required attention. The walls have been repaired thoroughly and all of them painted. The woodwork has been revarnished and painted and the floors put in repair. The cottage presents a very inviting appearance.

Nearly all of the work was done by patient labor, as a consequence of which certain labor union leaders in Chicago have protested against the employment of patients in such occupations.

I make the following notes concerning some of the wards: Cottage Ward Five—Four new stools in the toilet rooms; two new continuous tubs, new terrazzo in bathroom which has been painted. In this building the patients wash their faces and hands in the bathtubs. There are no wash basins. Women occupy this cottage.

Cottage Ward Six—Four new stools, four new urinals, four new wash basins. The tub has been taken out and the men will go to the general bathhouse. There is a shower for untidy men who will need attention. Seventy-one men were present. A woman is in charge of this ward. New floors are very badly needed.

D. W. Five A is located on the first floor of the Amusement Hall and contains seventy-five men. Five new wash basins have been installed. A new tub is to be placed in a new room so that the old bathroom may be

used for service-room to the dining-room. It is hoped that in the near future these patients may be moved into better quarters and this room transferred into attendants clubroom.

The four cottages on the west side of the road have each received four new wash basins, two new continuous tubs, a bubbler and certain minor new plumbing. These cottages contain from seventy-five to one hundred women each.

Much new plumbing is to be installed in the detached ward building for men but work had not begun on this date. While this new plumbing is very welcome and is excellent in every way, it is not sufficient for the number of patients to be accommodated.

The wrecking of what remains of the old county poorhouse has commenced since my last visit. All the windows and doors have been removed. The windows can be used in the gardens.

The plans are about complete for the new administration and reception service. According to the scheme, the entrance to the administration building will be forced forward to within a very short distance of Irving Park Boulevard. The reception wards, however, will be further back.

In the hospital wards which I visited at supper time I saw evidences of improper or rather indifferent spirit on the part of certain of the women employees. They seemed to be doing their work mechanically. Patients in a number of instances were not as clean as they should have been and the bedding and the surroundings all showed lack of attention to detail.

The food for this meal was badly served. In the male dining-room five of the seven men at one table did not touch the food set before them. The meal consisted of stewed onions and boiled figs. The onions had been dished out before the patients sat down and each plate had been filled nearly to the brim. The figs had been dumped into the middle of this plate of onion stew. More than half of the food served in this dining-room was returned. These patients were males, not overly tidy in their habits, but what else could be expected. Their food was all on one plate. They had a spoon. For this occasion a knife and fork were not necessary but the bulk of the insane patients in Illinois have no knife or fork and receive their food just as these patients did.

This method or system of feeding forces upon patients just such habits of untidiness as we find so difficult to contend with.

I wish to be explicit that this criticism does not apply to this hospital alone. It applies to all.

This was a Jewish feast day and a number of Jewish societies in the city combined to give their patients a treat. All patients of the hospital were generously included in the program. A violin soloist and other musicians visited the wards and played. Presents and gifts appropriate to the holiday were distributed and an entertainment was given in the amusement hall.

Other wards visited today presented nothing that requires comment.

#### ILLINOIS CHARITABLE EYE AND EAR INFIRMARY

Illinois Charitable Eye and Ear Infirmary, Chicago, April 16, 1914. Today there are 138 patients in this institution, a very small number.

The out-patient clinic was not crowded. Recently a new high mark in this department was registered when ninety-eight new cases passed through in one afternoon. The total cases in the clinic are now averaging in the neighborhood of three hundred a day.

I visited all the wards and rooms, inspected the kitchen and dining-room, storehouse and ice boxes. I found everything clean and in good order.

The superintendent's office and quarters and the reception rooms on the first floor front have been cleaned, painted, decorated and refurnished.

The superintendent has submitted to the Board of Administration for its approval, the draft of certain new rules which are designed to remove cause of criticism and objection now existing.

It is proposed to place all the twenty-seven assistant surgeons, the men who do the actual work in the operating rooms and clinics, on a salary of at least \$500 per year.

In this way the State will have complete control over them and can exercise discipline, now considered impossible when they give their services.

It is proposed also that the present members of the surgeons staff shall automatically step down on the completion of fifteen years of service, and be placed on an honorary roll as consultants. New members, as they come into the surgeons roll, will retire at the end of ten years of service.

This provision is adopted in the hope that it may inject new blood into the staff of surgeons, and give the younger practitioners an opportunity to do work and observe in this institution.

Changes in the rules governing the sale of lenses and medicines have been found necessary.

The institution and the State without doubt are seriously imposed upon every day by people who are amply able to pay for the service they receive. It is true they take oath that they have no source from which to pay their way, but a little thing like an oath does not appear to bother some.

Occasionally the imposition is so flagrant that surgeons and clerks are able to turn away unworthy patrons. Only today a woman applied for treatment who was wearing diamonds. She was willing to swear she was poor but did not get treatment.

The institution is not provided with any method of investigation and is forced as a consequence, to take nearly all who apply rather than to run the risk of turning away one who is really in need.

The new Cook County Hospital is preparing to give eye, ear, nose and throat treatment in much the same manner as this dispensary gives it.

When it is opened to the public, there will be little need for the State institution, so far as Chicago and Cook County patients are concerned.

It seems to be unnecessary for both the State and county to maintain two great clinics and hospitals to do what one is fully equipped to do. This is a subject for earnest consideration in the near future.

During the summer and fall the interior of the building is to undergo a general overhauling. Practically all the walls are to be painted and the operating rooms are to get special attention.

#### ELGIN STATE HOSPITAL

Elgin State Hospital, April 17 and 18, 1914. This institution is in charge of a new superintendent, Dr. H. J. Gahagan, who began service on March first of this year. Dr. Gahagan enters upon his duties with experience at his command. During the administration of Governor Altgeld he was assistant superintendent at Elgin and opened and had charge of the Annex.

Many changes have occurred in the sixteen years since he left. There are a number of old patients present and a few employees are still on the roll.

Hydrotherapy has been introduced; the wards which then were not full have filled up until they are crowded; restraint which was then extensively practiced has almost totally passed away and whereas it was customary then to lock up rooms and dormitories at night, now it is in violation of rules to do so.

Table facilities and manners were better, he says. Patients had knives and forks then, now they get a plate and a spoon.

Dr. Gahagan has determined to return the knife and fork to each patient and to add side dishes, so that it will be unnecessary to mix together on one plate, his allotment of food. He has decided also that patients can be served after they sit down to table and is preparing to put that plan into operation.

The completion of the screening of the wards and dining-rooms against flies has been undertaken and a number of small buildings will be erected



in which to place garbage cans and dirty clothing and linen pending removal.

The work of reflooring the wards, began some time ago, will continue until it is finished.

Much attention is to be given the annex. The concrete stairs to take the place of the present much worn wood will be erected.

Since my last visit many of the back wards in the main building have been painted. The woman's cottage, housing eighty-two patients, has been completely repaired, all plastering being fixed up, the walls painted and a metal ceiling put on.

The improvements in the men's infirmary have been completed and the interior does not seem to be the same place. This work has been in progress for some time.

The women's infirmary is now undergoing rebuilding on the interior. One ward is in the hands of plasterers and carpenters now. Nearly all the plaster had to be removed and new put on. Metal ceilings are to be added. The wires are all to be placed in conduit. New hard wood floors are to be laid. Each of the three wards will receive the same treatment.

One new greenhouse has been completed since my last visit. The conservatory which is rapidly falling apart is to be rebuilt upon iron forms.

Plans have been drawn for the new powerhouse which ought to be a model in completeness and utility. It will be located in the rear of the present powerhouse, which later on will be adapted to other purposes. There is a small appropriation to begin a house for employees. Plans for this building are about ready.

Time has demonstrated that the new one-story building for untidy malés must be changed somewhat. The floor is of concrete and its surface is rough and porous. The consequence is that the toilets are unpleasant. There are now eighty patients in this building, nearly all of whom are more or less untidy in their habits.

There are not enough urinals and stools for so large a number. The dormitories are all right. The floors of the dayrooms and toilets should be covered with terrazzo or white tile.

In the main building Dr. Gahagan plans to transfer the first floor on both sides into reception service. On the disturbed wards he proposes to place continuous tubs and packs so that it will be possible to give this treatment readily and quickly.

This improvement can be made without great cost and is a mighty good idea.

I found one male patient in restraint in the main building and one in seclusion because he had erysipelas.

The superintendent desires to complete the general bathroom on the annex side.

On this visit I made night rounds of all but the female psychopathic building and the male and female cottages. During the day I visited all wards except the cottage occupied by working men.

So far as it was practical and possible, I announced that I was ready to hear any patient who desired to talk with me. A number availed themselves of the opportunity, but almost without exception they wanted my aid in securing their release.

On the female psychopathic ward I found a little girl who came in voluntarily from Cook County. It was stated in the papers that she was a sufferer from Chorea. The staff so far have been unable to discover even a trace of this disease. She is perfectly normal mentally and there is no history of delinquency. She is, however, a dependent and has no place to go.

The law which forbids the employment in the hospital of any person who has been a patient works a hardship against this child. She is willing and ready to work. Until a place can be found for her outside, it seems that it would be the part of humanity to put her to work in the institution on wages. She is not a committed patient and possibly by that fact some way

may be found to take care of her. She should not be kept in a hospital as a patient and she should not be turned adrift.

I have taken her case up with the Board of Administration.

#### JACKSONVILLE STATE HOSPITAL

Jacksonville State Hospital, April 28 and 29, 1914. Portions of these two days were spent here during which I visited all the male wards in the main building, and all the female wards on the first two floors of the main building.

Dr. H. D. Singer, director of the State Psychopathic Institute, was here giving a series of lectures to the staff and I gave part of my time to listening to him. His instruction consisted in informal talks during the presentation of patients and to more formal lectures during the evening.

At the patients' dance on the evening of the 28th, I was able to speak to nearly all present.

I also saw the supper served on the evening of the 28th and made inquiries as to quantities and qualities.

I renew my criticism of the so-called night lunches for attendants. I examined those which had been prepared for that evening. Hot coffee is served with the meal but all the other food is cold.

It is sloppily put up, as I have described before, and is not a proper meal for men and women who have to be on duty for thirteen hours at night.

The staff merited the sharp criticisms of Dr. Singer.

Two of the histories presented are recalled. One might read them through and find no evidence of the insanity of the patient under consideration.

As for getting any conception of the patient's psychoses, that was entirely out of the question from the histories as read.

One member of the staff distinguished himself during a lecture by sleeping through a part of it.

Physically the hospital was in excellent condition and the patients looked well. There was no restraint and only one patient was in seclusion.

Excellent work is being done in the hydrotherapy. Skilled operators are in charge on each side and the daily average of baths or treatments is approximately 100. This feature of the service is entitled to high praise.

#### STATE SCHOOL FOR THE DEAF

State School for the Deaf, April 29, 1914. I was at this institution from nine in the morning until four-thirty in the afternoon, and visited nearly all classrooms and departments.

I attended chapel exercises and heard interpreted a short talk on the history of the education of the deaf by Mr. George, a member of the teaching force. For literary merit this fifteen-minute discourse is worthy of preservation.

There has been an epidemic of mumps this spring, but otherwise the health of the children has been good.

They looked exceptionally well. I saw the dinner and sampled it. It was good in every respect, better than will be found on the average table.

The photographic department is finishing a large number of views of the school for permanent exhibition at the University of Illinois.

The course in reading, introduced five years ago, has demonstrated its value. Classes have grown larger each term and the interest in the library and in the daily and current news has increased.

But the best evidences of its value is to be found in the questions which have been prepared for the final examination of the higher classes. These questions concern the contents of much of the very best English literature and cover a very wide range of subjects, including mythology, history, travel, adventure, fiction, poetry, sculpture, painting and the like.

I doubt whether the average public schools could submit such a list of questions with the expectation that their classes of the same grades would pass.

I visited the printing office, the carpenter and cabinet and the leather working-shops.

The printing office has been improved by re-arrangement, the sale of junk and the installation of new material.

The printer desires to change the line of presses from the middle of the room to a point near the windows and to equip each press with a motor. On this occasion I saw in operation one little press that an eighth horsepower motor could operate, yet to run it, a motor of fifteen horsepower, located on the lower floor, was in use. In other words, it was necessary to run fifteen horsepower motor to drive a one-eighth horsepower motor.

The presses are located in the present position because there is a line of shafting under the floor. They are in the dark and it is impossible to do good work. It will cost a small sum to equip the presses with individual motors, but the saving in current will soon pay for it.

Some additions in equipment have been made in the rug weaving department. Splendid work is done in this line of industrial training.

#### STATE SCHOOL FOR THE BLIND

State School for the Blind, May 1, 1914. This school seemed unusually contented and happy today, and I spent a very interesting five hours visiting the classrooms. The physical property appeared in good order with the exception of the boiler and engine-room which was littered and untidy. A bathroom used by the firemen and engineers was exceptionally bad in this respect.

The bakery is to receive a new concrete floor to take the place of wood. This summer a cold storage plant is to be erected. It is very much needed, as at present the system of keeping meats and perishables is unsatisfactory.

The new plant will have small ice capacity, but will be large enough for the storage of all foods including the perishables.

The quarters now occupied by stores will be thrown into the kitchen.

This general kitchen cooks for about 200 people. If the range was larger it would be possible to improve the cooking materially by roasting the meats, for instance, in ovens instead of in the steam cookers. Potatoes could be better prepared especially in frying. The cooking here is very good and this comment is not intended as a criticism. The noon meal today was, I thought, fully as good as that served in the average home.

#### ILLINOIS SOLDIERS' AND SAILORS' HOME

Illinois Soldiers' and Sailors' Home, May 2 and 3, 1914. The one and one-half days at this institution have been quite the most satisfactory I have ever spent at a State institution.

First, because I was able to see so many of the men and women, and second, because I found so good a spirit and so much contentment among them.

I visited every cottage on the grounds. I saw and spoke with every man and woman who was present when I called. In addition I picked up many on the walks and roads as I went from cottage to cottage.

I found I was welcome everywhere. Sergeants of cottages were glad to see me and gave me my choice of going alone about the building or being accompanied by them.

During the day and a half, I shook hands with and talked with between 500 and 600 of the people here. Many of the men, you must remember, are beyond the possibility of conversation. Some are paralyzed, others have reached a stage of dementia. I visited their wards and inspected the quarters and the manner in which they are cared for.

You will, no doubt, be unprepared for my next statement. It is this, that during all this time and from all my conversation and visits I developed not a single complaint. I didn't find what we know as a "grouch." Some



of the old gentlemen were frank enough to say to me that there are plenty of complainers and kickers in the camp and that they themselves occasionally indulged but, said they, "when we consider it all over we are ready to admit that we have no excuse for it."

Many of them talked very frankly about conditions and gave me their impressions, but not a single one offered complaint of the treatment that men and women are receiving in this home.

Irrespective of nationality and politics, all joined in good words for the superintendent. They like his generous spirit and his happy faculty of meeting them and talking to them on a common level. They are happy over the abolition of red tape and restrictive regulations.

The hospital contains few patients, the smallest number in my experience. Practically all of them are chronic patients, such as paralytics and organic cases.

They are receiving excellent attention in every respect. I examined the food and meals served in this building; I saw them in course of preparation. I looked into the store or pantry adjoining the kitchen. But better evidence than all was the voluntary statement from many that the meals are good.

I found in the general dining-room of the hospital the tables covered with cloths. I learned on inquiry that these cloths have resulted in better table manners. The objections which were raised that they would be quickly soiled and, therefore, it would be impossible to supply the tables have not been realized.

The old backless stools are still there, however.

In the annex, as it is called, the dining-room has been much improved by the presence of a woman in charge.

All through the camp I found the need for women to take charge of the housekeeping. Those cottages in which men and their wives live are as different from those in which the men are alone as day is from night. Everything is cleaner, neater, more sanitary and satisfactory. The spirit is better and the inmates happier and more contented. You can tell the cottage in which there are women by merely stepping into the vestibule.

In those cottages in which the men do the housekeeping they are prepared to surrender. Sergeants are difficult to get and they tell me that the men are too old to work. They want to give it up.

Some of these cottages are not show places. Others are very well kept, but all of them must very soon come under the charge of civilian employees, preferably women.

So long as a man and wife, inmates of the home, can be found who are strong enough to do this work, they should be assigned to the cottages; but I am firmly convinced that the day of man housekeeping is passed and the problem must be met very shortly of taking care of these cottages by another system.

Many improvements have been made about the power plant, storehouse and general kitchen. The bakery has been radically improved by a ter-razao floor, steel tables and dough troughs.

The kitchen has been painted. It is very much more orderly. An old engine, long since abandoned, stands in the middle of this room taking up valuable space. The space it occupies is needed.

A contract to do much painting will be let soon. The interior of cottage 20, one of the large cottages occupied by men and their wives will be painted for the first time. The exterior woodwork of the cottages is also to be painted.

This work is very much needed. The fact is that the institution, both inside and out, looks very shabby by reason of neglect. The interior of the hospital is especially shabby with soiled walls, worn out plumbing and scrubbed up floors, ragged rubber treads on the stairs and a lot of little things.

Down in the basement the dirty linen is thrown into an apartment which is fenced off by pickets. This is a very unsanitary method of disposal. For soiled linen from such a hospital there should be erected on the outside a small tight house on concrete foundation, such as have been put up at some of the State hospitals.

This is the only cause for criticism in this regard. The disposal of garbage is now very thorough. The garbage cans are daily scalded at the power plant before they are returned to the cottages. Garbage is collected daily from each cottage before daybreak.

There are three cottages, I believe, in which men are sleeping in the attic or third floor. I know that some men prefer these places, but they are dangerous and in the summer time must be very hot, being directly under slate roof with ventilation in only one direction. There is a single stairway and no outside fire escape.

There are unoccupied wards in the hospital which are much to be preferred as living places and it would be better to close these attics and occupy the high wards in the hospital, for that building is well equipped with fire escapes.

Ward E in the hospital is still occupied. This ward is in the basement, so called, and has a low ceiling. Frequent recommendations have been made that the demerced old soldiers who occupy it be moved to more respectable quarters. This floor, it is true, is on a level with the ground, but the ceiling is low and the ventilation and lighting are not good.

The hospital and annex kitchen has been abandoned at a big saving to the State. All the cooking for the well men in camp is now done at the main or general kitchen. Diets and trays for the sick or helpless are prepared in a small kitchen in the hospital, as in the past. This will be continued. Owing to the small quarters in which it is, it may be moved into the room formerly occupied by the general hospital kitchen, but without additional expense to the State.

I have often urged the expenditure of the profits of the store in the purchase of comforts for which the State appropriations make no provision. In the cottages where men and their wives live, cloths could be placed on the tables. Some of the cottages are desperately in need of new ice boxes. The method of furnishing cool water in the summer time is crude and unsanitary. Some of these profits could be invested in bubblers with iced coils. There are many such little things which would add to the comfort of the old people for which the profits of this store could legitimately be spent and it should be done.

The moving picture shows which are given on several afternoons and evenings are much appreciated.

The war scare stimulated the reading of newspapers, and every man who can make out type without or with the aid of magnifying glasses buys morning and evening papers. In fact, the war has been the one engrossing subject. It was pathetic to hear these men wish they might enlist.

One old fellow very seriously told me that the government ought to enlist from the home and pay the men a bounty of at least \$2,000. I wanted to know why the bounty and he said in reply, "Why, it would be money in the government's pockets. We would have to stand up and fight, we couldn't run." A bit of humor that tickled him as much as it did me.

Another one, ninety years old, reclined on a bed with a wheel chair beside him. He said to me: "Young man, I am paralyzed from my waist down. If it wasn't for that I'd offer to enlist."

But with all the seriousness and all the humor with which they treated the situation, there was not one who did not say he was glad to see that war might be avoided.

The population today is 1,808, against 1,710 a year ago today. Due to the efforts of the superintendent in personal, individual solicitation, the deposits of the soldiers in the home office have increased nearly \$5,000 in the year. What the increase in the city banks has been he does not know, but he is very positive that it has been material.

Men are urged to deposit in the downtown banks where interest is paid, but those who desire can deposit in the office.

#### ANNA STATE HOSPITAL

Anna State Hospital, May 15 and 16, 1914. My inspection of this institution was made on the afternoon of the 15th and the morning of the 16th. It included a visit to all the wards and departments. Superintendent Goodner accompanied me on all the wards.

The biggest improvement in the service since my last visit is the new water system which is now in full operation. It affords not only sufficient pressure for all purposes, but gives promise to be unfailing. The only disappointment is the failure of the gravity reservoir to force water under natural pressure to the top wards. It has been found necessary to use pumps to boost the reservoir pressure. The water is pure and palatable.

Arrangements are now being made to get the full use of it. It will be possible to irrigate the lawns and portions of the garden, but more important than all, will be its service in hydrotherapy.

The new plant has been installed complete with about \$24,000 of the appropriation left, which will be spent on new plumbing and fire protection. The new plumbing is greatly needed, as I have in other reports pointed out.

On the parole wards and on those wards where there are working men, additional tubs and showers are to be installed, so that the men, after a day at dirty work, may clean up for the night.

The new building is ready for occupancy. There was nothing left from the appropriation with which to purchase furniture, but it has been possible to equip a portion of the building from the stocks on hand. It has been decided to make it an infirmary for a tidy class of women.

The building is one of the best in the State. It is thoroughly fireproof, well lighted and ventilated. It is attractively finished. The floors are of hard wood. The dining-room is in what would be called a basement, but its floor is above the level of the ground. This is possible by reason of the location of the building on the side of a hill.

There is far more radiation in the dormitories than is necessary. Three immense radiators stand in the middle line of the floor. One of the same size will probably be sufficient. There is ample radiation in other portions of the building. The toilet facilities are fuller than in any other State hospital building in Illinois. On each floor there are two toilet-rooms, each with three stools and three washbasins. The capacity of the building will be in the neighborhood of one hundred. The clothesroom accommodations are lamentably short.

This building was originally planned for untidy females. It has been thought wise to fill it with tidy patients. The finish and general character of the structure are such that it seemed a mistake to place untidy patients in it.

Some improvements in the way of paint and new carpets are noted in the annex. This building needs an overhauling such as the annex at Elgin has been receiving. New floors would improve appearances, but funds are not available at present. The old boiler-house which stands north of the annex is now out of use. It can be converted into a general bathhouse for patients of the annex. I would recommend that the General Assembly be asked for funds with which to make this transformation. All the bathtubs in the annex could then be taken out and the room so vacated devoted to patients.

The adoption of the non-restraint system has been very general. It is reported that, in the last three months, there has been no restraint. I found nothing today that even bordered on it. All restraint apparatus has been removed from the wards by order of Superintendent Goodner, and it is believed that it will never be needed again.

On the extension of the male receiving ward, where I have seen at one time as many as eleven patients strapped in bed, there was today not one who was in any way restricted in his liberty.



In the detached cottage for males where I have usually found not less than five in continuous restraint, I today saw none, and I was told there had been none there within the three months. A boy who has been strapped to a post every time I have visited the institution, was today discovered in the main building at liberty. Another man who used to tell me that he wanted the cuffs on him for fear he might injure some one, was free and docile and said he was getting over his fear.

Dr. Goodner believes in the non-restraint system and is determined that it shall prevail in the Anna Hospital.

The installation of women attendants in male wards has also commenced with the same good results that attend it where it is given a trial in good faith. I found all the women in this service satisfied.

The ward for colored females is overcrowded to an extent that cannot be described. There were fifty-four patients present on this visit. The normal capacity of the ward is not over twenty-five.

One of the recommendations that should receive earnest attention from the General Assembly is, that funds be provided to place the electric wiring in conduit. The wires in all but the new buildings are exposed as they were at Jacksonville and Elgin hospitals. At these two institutions money has been provided for safe installation of wiring. The same provision should be made at Anna. In some respects the Anna buildings need this attention more than either Jacksonville or Elgin. The Anna Hospital is located in the country and not adjacent to a city with a well equipped fire department such as the cities of Elgin and Jacksonville maintain.

The fire protection at Anna Hospital is not sufficient or adequate, and now that the institution is supplied with water, it should be provided with a thorough fire fighting equipment, such as fire pressure pumps, pressure mains throughout the ward buildings, hand extinguishers and wiring in conduit.

The dairy herd appeared in good form. The farms and gardens are looking well, though lack of rain is coming to be serious.

## THE MEDICAL SERVICE OF THE STATE CHARITIES OF ILLINOIS— OFFICIAL ASSIGNMENTS, MAY 20, 1914

### JACKSONVILLE STATE HOSPITAL

H. B. Carriel, M.D.....Superintendent.  
E. A. Foley, M.D.....Assistant Superintendent.  
Thomas G. McLin, M.D.....Physician.  
C. R. Lowe, M.D.....Physician.  
F. A. Stubblefield, M.D.....Assistant Physician.  
Minerva L. Pontius, M.D.....Assistant Physician.  
E. J. Strickler, M.D.....Assistant Physician.

### ANNA STATE HOSPITAL

Ralph A. Goodner, M.D.....Superintendent.  
(Vacant) .....Assistant Superintendent.  
George Morrow, M.D.....Physician.  
R. M. Ritchey, M.D.....Physician.  
Angelina G. Hamilton, M.D.....Physician.  
P. S. Waters, M.D.....Assistant Physician.  
A. B. Beatie, M.D.....Assistant Physician.

### ELGIN STATE HOSPITAL

H. J. Gahagan, M.D.....Superintendent.  
Max C. Hawley, M.D.....Assistant Superintendent.  
A. G. Wittman, M.D.....Physician.  
Louise E. Abbott, M.D.....Assistant Physician.  
E. W. Fell, M.D.....Assistant Physician.  
Victor A. Bles, M.D.....Assistant Physician.

## WATERTOWN STATE HOSPITAL

J. A. Campbell, M.D.....Superintendent.  
 C. C. Atherton, M.D.....Assistant Superintendent.  
 R. F. Winsor, M.D.....Physician.  
 Olive F. Hughes, M.D.....Physician.  
 Walter A. Ford, M.D.....Assistant Physician.  
 Thomas F. Neil, M.D.....Assistant Physician.  
 Walter C. Cook, M.D.....Assistant Physician.

## KANKAKEE STATE HOSPITAL

P. M. Kelly, M.D.....Superintendent.  
 Eugene Cohn, M.D.....Assistant Superintendent.  
 F. J. Sullivan, M.D.....Physician.  
 Elizabeth D. Carroll, M.D.....Physician.  
 Drury L. Fish, M.D.....Assistant Physician.  
 J. T. Rooks, M.D.....Assistant Physician.  
 E. C. Pratt, M.D.....Assistant Physician.  
 W. G. Murray, M.D.....Assistant Physician.  
 Arthur Deppe, M.D.....Assistant Physician.  
 T. J. Riach, M.D.....Assistant Physician.  
 Ola Adolphus Kibler, M.D.....Interne.  
 E. L. McCoy, M.D.....Interne.

## PEORIA STATE HOSPITAL

Ralph T. Hinton, M.D.....Superintendent.  
 H. J. Smith, M.D.....Assistant Superintendent.  
 H. L. Krafft, M.D.....Physician.  
 George W. Brock, M.D.....Physician.  
 W. W. Mercer, M.D.....Physician.  
 Clara E. Hayes, M.D.....Assistant Physician.  
 J. K. Pollock, M.D.....Assistant Physician.  
 J. T. Reeves, M. D.....Interne.  
 (Vacant) .....Interne.

## CHICAGO STATE HOSPITAL

George Leininger, M.D.....Superintendent.  
 Charles F. Read, M.D.....Assistant Superintendent.  
 Robert H. Rea, M.D.....Physician.  
 C. C. Ellis, M.D.....Physician.  
 Barnet Lemchen, M.D.....Physician.  
 G. M. Lisor, M.D.....Assistant Physician.  
 Harriet S. McCarthy, M.D.....Assistant Physician.  
 P. S. Winner, M.D.....Assistant Physician.  
 R. R. McCarthy, M.D.....Assistant Physician.  
 Otis Like, M.D.....Assistant Physician.  
 H. S. Seiwel, M.D.....Interne.  
 Robert B. Kershaw, M.D.....Interne.  
 Anton J. Firtik, M.D.....Interne.  
 C. L. De Vry, M.D.....Interne.

## LINCOLN STATE SCHOOL AND COLONY

Thomas H. Leonard, M.D.....Superintendent.  
 Charles B. Caldwell, M.D.....Assistant Superintendent.  
 H. J. Freemmel, M.D.....Assistant Physician.  
 Kate H. Elting, M.D.....Assistant Physician.  
 J. J. Mendelsohn, M.D.....Assistant Physician.  
 Clara Harrison Town, Ph.D.....Psychologist.

## PSYCHOPATHIC INSTITUTE

H. Douglas Singer, M.D.....Director.  
 S. N. Clark, M.D.....Physician.  
 Charles Ricksher, M.D.....Clinical Pathologist.  
 K. N. Manougian, M.D.....Pathologist.  
 E. L. Ross .....Chemist.

## CHARITABLE EYE AND EAR INFIRMARY

W. A. Barr, M.D.....Assistant Eye Surgeon.  
 Louis G. Hoffman, M.D.....Assistant Eye Surgeon.  
 Nils E. Remmen, M.D.....Assistant Eye Surgeon.  
 M. H. Lebensohn, M.D.....Assistant Eye Surgeon.  
 D. C. Orcutt, M.D.....Assistant Eye Surgeon.  
 E. K. Findlay, M.D.....Assistant Eye Surgeon.  
 Alfred Lewy, M.D.....Assistant Ear Surgeon.  
 S. M. Hager, M.D.....Assistant Ear Surgeon.  
 W. K. Spiece, M.D.....Assistant Pathologist.

## CHESTER STATE HOSPITAL

George K. Farris, M.D.....Superintendent.  
 Isaac F. Freemmel, M.D.....Assistant Superintendent.

## INDUSTRIAL HOME FOR THE BLIND

W. R. Larkin, M.D.....Physician.

## ILLINOIS SCHOOL FOR DEAF

Byron S. Gailey, M.D.....Oculist and Aurist.  
 George Baxter, M.D.....Physician, General.

## ILLINOIS SCHOOL FOR BLIND

Nina M. Gaskins, M.D.....Physician.  
 A. L. Adams, M.D.....Oculist.

## SOLDIERS' WIDOWS' HOME

Wilma H. Jacobs, M.D.....Physician.

## SOLDIERS' ORPHANS' HOME

Joseph K. P. Hawks, M.D.....Physician, General.

## SOLDIERS' AND SAILORS' HOME

E. E. Ehle, M.D.....Chief Surgeon.  
 R. H. Jacobs, M.D.....Physician, General.  
 James C. Brydges, M.D.....Assistant Physician.

## ST. CHARLES SCHOOL FOR BOYS

C. A. Potter, M.D.....Physician, General.  
 J. Z. Bergeron, M.D.....Aurist.

## TRAINING SCHOOL FOR GIRLS

Esther H. Stone, M.D.....Physician.  
 John D. Ellis, M.D.....Oculist.



## CHIEF NURSES OF INSTITUTIONS

Elizabeth Yates, R.N.....	Jacksonville State Hospital.
Elizabeth Donovan, R.N.....	Anna State Hospital.
Hattie Levreau, R.N.....	Elgin State Hospital.
Grace Williams, R.N.....	Watertown State Hospital.
May Kennedy, R.N.....	Kankakee State Hospital.
Alice Mehan, R.N.....	Peoria State Hospital.
Orpha Koger, R.N.....	Chicago State Hospital.
Janet McNaughton, R.N.....	Lincoln State School and Colony.
Myrtle Morgan, Certified.....	Illinois School for the Deaf.
Mary B. Talcott, R.N.....	Charitable Eye and Ear Infirmary.
Alice Bales, Certified.....	Illinois School for the Blind.
Theresa Manzer, Certified.....	Soldiers' Widows' Home.
Kate E. Langford, Certified.....	Soldiers' Orphans' Home.

## PHARMACISTS

W. T. Jones, R.Ph.....	Jacksonville State Hospital.
G. W. Bower, R.Ph.....	Anna State Hospital.
Charlotte E. Stimson, R.Ph.....	Elgin State Hospital.
Jennie Robbins, R.Ph.....	Watertown State Hospital.
E. B. Arnold, R.Ph.....	Kankakee State Hospital.
Francis E. Wells, R.Ph.....	Peoria State Hospital.
H. E. Linblade, R.Ph.....	Chicago State Hospital.

## DENTISTS

William Babcock, D.D.S.....	Jacksonville State Hospital.
D. L. Woodworth, D.D.S.....	Anna and Watertown State Hospitals.
M. S. Henson, D.D.S.....	Elgin State Hospital.
George A. Mills, D.D.S.....	Kankakee State Hospital.
Dennis H. Baldwin, D.D.S.....	Peoria State Hospital.
Thomas J. Denny, D.D.S.....	Chicago State Hospital.
Waid Doty, D.D.S.....	Lincoln State School.
H. G. McCormick, D.D.S.....	Soldiers' Orphans' Home.
A. M. Wolson, D.D.S.....	Geneva and St. Charles Schools.

## AVAILABLE APPLICANTS AWAITING ASSIGNMENT AS INTERNES

Dr. Bert Smith .....	Allendale, Ill.
Dr. Henry E. Randolph .....	Glendale, Ill.
Dr. L. G. Wright .....	Bartlett, Neb.
Dr. H. J. Dinkel .....	Bowie, Md.
Dr. K. Chand .....	1847 West Monroe, Chicago, Ill.
Dr. Alice Smith .....	Tacoma, Wash.
Dr. Kerufe Sissakin .....	2208 Wabash Avenue, Chicago, Ill.
Dr. Jas. B. Rogers .....	Independence, Ia.
Dr. Robert C. Butz .....	Independence, Ia.
Dr. Maud Hall .....	1423 Michigan Avenue, Chicago, Ill.
Dr. Mabel R. Carlson .....	5744 Carpenter, Chicago, Ill.
Dr. Mary H. Elliott .....	St. Louis, Mo.
Dr. Alfred Ascher .....	Hayworth, Wis.

PREVENTION OF PARASITIC DISEASES IN STATE HOSPITALS<sup>1</sup>

[By C. C. Ellis, M.D. Staff, Chicago State Hospital.]

In consenting to write a paper entitled "The Prevention of Parasitic Diseases in State Hospitals," I felt at once my lack to a great degree of experience in all but common diseases as well as my inability to present anything of a startling or original nature. Again, I find the title to be rather an ambiguous one inasmuch as the ground of parasitic diseases, as

<sup>1</sup> Read before the Illinois State Hospitals Medical Association.

one recognizes the meaning of the word parasite today, covers a vast territory. There would be bacterial, animal and vegetable parasites to consider, also, the animal parasites are to be subdivided into protozoa or unicellular organisms, and metazoa or organisms more highly organized. It will be seen at once, therefore, that this subject would cover the realms of infectious parasitic diseases, including blood parasites, such as malaria, and general systemic parasitic diseases, such as syphilis as we now recognize this disease, intestinal parasites of both protozoal and metazoal nature, ergo, respectively, amoeba and intestinal worms. There are also the skin parasites of both animal and vegetable nature as well as those insects which act as parasites or carriers of parasites which in turn, at times, or as part of their life cycle fasten upon the human as their host. Some of the parasites now known we can briefly dismiss on the grounds that they have little to occupy the attention of those regularly employed in State hospital work and if occurring in this work, would hardly come under the scope of a paper on their *prevention*, but would possibly come under consideration if their detection should be considered.

Narrowing the term state hospitals to apply to the State hospitals in this State, we can soon pick out no doubt those more common parasites or parasitic diseases which are likely to occur and which should for that reason attract most of *our* attention.

In general practice no doubt intestinal parasites have acquired considerable importance but seem to have sunken in my experience in State hospitals almost to a minimum of importance. However, we will discuss these first and possibly point out some important things to be considered and in turn dismiss them.

*Taenia Saginata*, the common tape worm, as we know, is transmitted to man largely through meat that is already infested. The tongue and muscles of mastication of cattle are the parts chiefly to be considered, though other organs and tissues of beef cattle are affected at times.

We know the *Cysticercus* has been responsible for some very obscure mental and neurological conditions. Meat is a considerable article of diet in State hospitals. Its quality and its origin are often held in suspicion, and there has never been a system of inspection so perfect that the danger of measly meat could be entirely avoided. It behooves us therefore, to supply the antidote to the danger of measly meat by thoroughly cooking it. This will destroy the *Cysticerci* and prevent perhaps an epidemic. When the meat is used to obtain juice for medicinal or dietetic purposes, it should be strained through very fine-meshed fabric.

The *Taenia Solium* which infects pork occurs rarely in the United States, but for the reason of the possibility of its occurrence and other dangers, pork should be thoroughly boiled before eaten. With regard to the *Dibothriocephalus Latus* which infects fish of various kinds, especially those from fresh waters, little is to be feared as fish is not a staple article of food in hospitals, but when used should be well cooked. The *Echinococcus* is easily controlled by not permitting dogs to visit abattoirs and not to allow them to eat infested meat. We have little occasion to deal with this parasite in this country. The dwarf tape-worm *Taenia Nana* is spread through the droppings of infected rats and mice. The point to be gathered here is the destruction of mice and rats whenever possible.

The *Taenia Canina* is a tape-worm of dogs and cats and is transmitted through the dogs' fleas and the ordinary human flea, *pulex irritans*. Sixty cases of human infection have been recorded and we must therefore consider the fleas and their harborers as agents possible of spreading this infection.

The flukes are spread through dirty water and there is very little danger of the hospital supplies of drinking water being infected with any of these parasites.

The *Ascaris Lumbricoides* is a round worm common in general practice. Children are chiefly infected. Those affected may reinfect themselves and infect others by contamination with fecal matter. The flies that breed in privies are considered carriers.

*Oxyuriasis* is quite frequent in adults, especially women, is common in children, and *oxyuris vermicularis* is transmitted by direct infection—fecal matter under finger nails, etc. When infection is contracted, the parasite must be thoroughly eradicated and this is not an easy matter, as the popular belief is that this worm inhabits only the anal and rectal regions. The small intestine, the cecum and the appendix are normal habitats of this worm. Both internal medication and enemata must be used. *Prevention* by hygiene of toilets and of personal habits, especially in the institutions for children, must be considered in connection with this disease. Finger nail cleaning and regular hand washing must be emphasized.

*Trichinosis* is a disease to be thought of very pointedly in those hospitals where hogs are being raised and meat eaten by the institution inmates, and especially so, since the rats often infest the grounds and buildings of institutions, the rats being often eaten by the hogs. The rat is the normal host of the *trichinella*. Uncooked pork, ham, sausage, etc., should never be eaten.

*Uncinariasis*, or hook worm disease, since we can recall, has assumed vast proportions in this country, especially under recent methods of investigation and detection. Our attention should be directed to the possibility of its occurrence in our State hospitals. There is little danger that this disease can spread where ordinary hygiene is carried out. It is possible, however, that where patients are given privileges of parole about the grounds of the State hospitals, that contamination of soil may occur and infection might take place, though in our State where patients have their feet well shod it is very unlikely that contact with infected materials would occur. For a moment we will dwell on the apparently neglected field of the relation of mental diseases with the above parasites or condition dependent on them.

Do we sufficiently investigate the stools of our hospital patients? Have we not many insane who are incapable of making any observations of either objective or subjective nature and volunteering information to us? We might elucidate some of the strange anemias, some of the voracious appetites that we meet and other gastrointestinal symptoms that intestinal parasites might be instrumental in producing. Especially are we concerned in the State of Illinois where we are receiving a large percentage of foreign-born admissions. Through the statistics already compiled on the occurrence of intestinal parasites in immigrants, I am led to believe there is a high percentage suffering from the various forms of taeniasis, etc.

*Myiasis*, or an infection by the larvae and grubs of dipterous insects or flies, has occurred in hospital wards and chiefly in demented or helpless individuals. The *lucilia maceliaria* is chiefly responsible. Its larva, the screw worm, may enter the brain through the nostrils and often infects exposed ulcers. The *musca domestica*, the ordinary house fly, has also been responsible for infecting sores and the intestinal tract of man with its larvae. The tse-tse fly, though not concerning us, has demonstrated the considerable role that flies may play in the transmission of disease. We will also consider within the scope of this paper, to mention at least, the role of the house fly in transmitting typhoid fever. We will discuss later measures for their control. One of the most important of the large parasites we must consider is the mosquito in its various forms, not only on account of the discomfort occasioned by the sting and often by the secondary infection following, but on account of the other parasitic diseases of a serious nature which can be introduced by it. It is well recognized that the *anopheles* is a conveyer of malaria; the *stegomyia calopus* of yellow fever; and *filariasis*, though not common in this State, is introduced by various species of *culex* and *anopheles*. No doubt the best way to protect against mosquitoes is to abolish their breeding places, water holes, ponds and stagnant pools. These should either be filled or should be screened. Even tin cans and old bottles have been found to breed mosquitoes. Tanks, barrels, etc., in which it is necessary to keep water should be screened. Otherwise some form of oil to coat the surface of water or a larvacide must be used. A mixture of crude oil with kerosene seems to be more useful than the



higher grade of oil used alone. It is usually impossible to control all insanitary conditions within the immediate neighborhood of a State institution. No doubt much can be done on the hospital grounds themselves, but to cover an entire district from which mosquitoes could come to attack the inmates of the institution would no doubt meet with opposition and might require more expense and work than any hospital would feel legitimately able to undertake. Screening of all doors and windows and verandas of all institution buildings should be done, but with the class of patients that we often have to deal with, those who have a tendency toward destroying things, this seems hardly practical. We should insist in having adequate protection where sick and helpless patients are confined. The use of pungent oils has been recommended to prevent bites, even kerosene applied to the back of hands and the face seems to act as a fairly good preventive and often saves much annoyance from the attacks of these pests. Phenol solution, 1 in 60, or oil of eucalyptus, drams one, to glycerine or olive oil, fluid ounces 2, has been used. Precautions should be observed where possible to prevent the secondary infection of scratches. The use of ammonia water has been found effective in abating itching. It is essential where we have to deal with malarial infections that mosquitoes should be kept at least from those patients or employees who are already infected. We may go to the trouble of catching specimens of mosquitoes to determine whether they belong to the species *anopheles*, but some measures of prevention should be attempted in any case. The proper administration of quinine of course practically terminates all cases of malaria.

Scabies or itch is a disease which appears to be endemic in some of our State institutions, and when all known cases are relieved, there seems to be a cropping out in unsuspected places. In dealing with this problem, as with some similar ones, we should look to the possibility of attendants or other employees introducing the infection from time to time. This no doubt *has* happened, and when disease of this nature seems to occur sporadically, we must endeavor to trace the various sources of infection in order that the parasitic host be detected. Necessarily our receiving wards must be places where unusual attention should be given to all eruptive lesions. In active receiving services it is not always possible to tell immediately whether lesions and scratches found are due to parasitic organisms or not, but with careful attention the danger of overlooking such things would be reduced to a minimum. The jails and detention hospitals in this State are hotbeds from which many parasites, which are introduced into our State hospitals, are derived. The spread of many loathsome and parasitic diseases lies at the door of our prisons, jails, police lock-ups and detention hospitals. A general campaign should be carried on against these conditions, inasmuch as the insane have to contend with enough indignities at the hands of officials of the law not to be subjected to preventable filth and contagion.

When once the diagnosis of itch has been made on any patient or group of patients, isolation and active therapeutic measures must be employed. The patient's underclothing and bedding should be boiled, the outer garments can either be baked or ironed with a very hot iron. All those who come in contact with patients should be repeatedly examined and warned of the nature and manner of transmission of the disease. If a large number of patients become infected, one ward or cottage should be set aside for isolation quarters until the disease is thoroughly eradicated. In the experience of the writer it is more difficult to handle cases in the untidy classes. A *systematic treatment of large groups* is absolutely necessary. Beds should be labeled with the name of the patient and in such a way that labels cannot be removed, no interchanging of patients and beds should be permitted at any time and constant watch must be kept night and day to prevent this. Bed clothing should be systematically removed, boiled and cleaned when treatment terminates. Mattresses should be sterilized. When frequent baths for untidy patients are necessary, the shower bath is the only one permissible. All brushes that are used in common should be kept

in a germicidal solution after being used. Again, no wash cloths should be repeatedly used without boiling each time. As a preliminary treatment, a warm bath of twenty to thirty minutes duration is indispensable. The skin of the affected area should be rubbed vigorously with brush or cloth and medication applied. An ointment containing sulphur, balsam of Peru and beta-naphthol recommended by Stelwagon is perhaps the best—sulphur sublimata 3 IV-VI, balsom of Peru 3 IV, beta-naphthol 3 I-II, adip. benzoin petrolati aa q. s. ad 3 IV. After the bath this is rubbed thoroughly into the skin of the patient starting at the chin and anointing the whole body to the extremities. Fresh applications night and morning are sufficient. If frequently bathed the areas which are bathed and are not too irritated should receive several applications of ointment during the day. Flowers of sulphur, if sprinkled between the bed sheets has been found sometimes to be as effective as repeated anointings. If practical, the patient should wear underclothing and this should not be changed unless necessary until after three or four days. At the end of this time a bath is given and a thorough inspection made. Very often irritated areas exist that are really sterile to the parasite. It may be considered advisable to give another hot bath and reapply ointment. This should hardly be necessary to repeat more than once, as before stated. All bed clothing should be replaced by fresh supplies.

Grain itch or straw itch, another synonym for which is straw-mattress disease, is a disease one has to keep in mind when treating what appears to be intractable cases of scabies. According to Schamberg, this disease has been observed in eastern sections of the United States between the months of May and October only. The eruption is urticarial, intensely itchy, caused by the *pediculoides veritricosus*, a small mite. The itching is worse at night. Contact with grain and straw used in packing or sleeping on straw mattresses may give rise to the infection. Where straw mattresses are used this possibility must be constantly thought of. Exposing affected mattresses and clothing to steam or formaldehyde will sterilize them. The patient must receive ointment.

RX B. Naphthol gr. xxx

Suplh. praecip. gr. xL

Benzoat, lard. oz. I

Pediculosis is a disease frequently occurring in state hospitals. As with scabies we must consider the receiving ward as the portal of entry to many cases. Again we must look with suspicion upon the employees, who may introduce pediculi. Patients out on parole are very often brought into the institution and returned immediately to chronic wards. One is apt to overlook the possibility of these patients contracting some disease during their sojourn outside. Women on whom the scalp hair is frequently found matted and tangled must be carefully examined for head lice. Crab lice are most frequent of all forms of pediculosis. It has been my experience to find the inmates of whole wards or cottages infested to a greater or less degree with crab lice and these cases remaining unrecognized for a considerable period of time and after recognition futile and half way measures indulged in. When such a condition is recognized vigorous measures must be at once adopted. It is not going too far to state that in such instances the entire skin of every patient should be carefully inspected by the medical attendant. In hospitals where female nurses exclusively are employed on male wards, the discovery of parasites is a difficult matter. The bathers or barbers who attend to these patients and who see their naked bodies more frequently are often very neglectful and partial in their examinations and especially so on those wards where patients will not volunteer information. A systematic search should be carried on at times. The different hairy portions of the body must be examined even to the anal regions. If examination has shown a considerable number of patients to be infected it is best to prepare for a complete eradication by shaving and bathing rather than by the haphazard use of blue ointment. The ordinary treatment by blue ointment especially on a large scale is very imperfect and often causes a vast amount of injury to those individuals susceptible to the affects of the mercury. Frequent instances of salivation could be avoided if blue ointment were discontinued

or not placed in the hand of those incompetent to use it and to guard its effects. To rid a large number of patients of these parasites the following method has been used by the essayist: Two attendants acting as barbers are employed, with others to assist when necessary. The patients are stripped one at a time and inspected by the medical officer, each in turn placed upon a table which is provided with a waterproof covering on top of which antiseptic sheets may be laid. The hairy areas inspected, the whole body if necessary shaved from chin to heel. The patient is then swabbed with a mixture consisting of *one part corrosive sublimate, 100 parts alcohol and 400 parts water*. This is allowed to remain for some few minutes. The patient is then vigorously rubbed with ordinary soap or tinct. of green soap. He is then taken under a spray bath and a third attendant is stationed here to give him a thorough scrubbing, commencing at the head and ending at the feet. From this he steps into a room where a bath tub is filled with a solution of bichloride of mercury *1 to 1000*. From this bath with his skin still wet he is taken to the dressing-room and allowed to don his perfectly clean clothing, his garments worn before having been carefully taken away and suitably treated. Careful inspection of all treated patients should be made several days in succession to detect any parasites or nits escaping destruction. Isolation of any still infected is practiced and repetition of treatment until all are free. As to *pediculosis capitis* with women whose hair is long it is hardly necessary to clip the head. Once the hair is saturated with kerosene and combed with a fine comb we are rid of this pest quite rapidly. In the case of a man the head can be clipped without question. The application of a 2 per cent of phenolsol. and fine combing is also good treatment. *Pediculosis corporis* is controlled by thorough treatment of clothing, and baths.

No institution is free from *bed bugs* and though certain wards may be free for a time sooner or later this pest will reappear. The best way to prevent them is to do away with places for concealment and propagation. These parasites may exist in the walls and crevices about a room. Attention is often solely given to the beds and attendants are harassed, sometimes flayed, by those in authority for their lack of cleanliness and their inability to rid themselves of bugs, whereas, if the facts in the case are not recognized, one can never free themselves from the scourge. Bed bugs lodge in window frames, cracks in the floor, behind wall paper, electric wire conduits, etc. Surely the architect of hospitals in which many dormitories are placed should take great pains to have as one of their prime requisites all walls smooth and unbroken and other cracks filled. Bed bugs are justly suspected of carrying disease. We must not overlook the epidemiological importance of those more gross parasites of the human body. No doubt a lack of system is the chief cause of the continued existence of bed bugs in any large numbers in an institution. Oftentimes the question of cheap or suitable parasitocides is paramount in commencing a campaign against them. Often a lethargy exists based on quietly pursuing the thought of bed bugs once, bed bugs always, again our most heroic attempts appear like the Shakespearian aphorism of "taking up arms against a sea of troubles" but by opposing we do end them. We should endeavor to attack this army of occupation by intelligent and thorough methods. Each room should be individualized in its treatment, all cracks, all possible places should be filled as well as chemically treated. When this is done attention can be given to the beds. A very effective method is spraying with a solution of bichloride of mercury. This may be sprayed on the beds, mattresses and bed clothing as well, but this is usually more costly than can be permitted. Preparation of turpentine put into cracks or used by pouring and the use of kerosene has been considered good methods. However, they evaporate quickly and the bugs return to their old haunts. After proper treatment of rooms and dormitories, beds may be carried into the toilet or suitable room, beaten, and hot water poured on them or, if the institution is sufficiently supplied with domestic water it may be sprayed on them by hose—a spool makes a good nozzle. The water is useless unless it is boiling. No patient should be employed in this work.



For beds that are old and rusty mattresses gasoline blowers are very effective as it destroys eggs and adult parasites. Campaigns must be carried on with intelligence and persistency.

Amoebic dysentery has found a prominent place in the parasitic diseases of State hospitals and must be controlled by isolation and proper hospitalization of all cases. Those who come in contact with the excretions of patients must be thoroughly instructed in disposing of them and warned to avoid transmitting this disease to themselves or others by strict hygiene.

A systematic handling of all soiled clothing, bed clothing, etc., should be instituted. When removed clothing should be immediately bagged and placed where not handled by other patients, and where flies have no access. Where the wards and cottages are so arranged an out building thoroughly screened and darkened is the most effective means of temporarily disposing of clothes. These out buildings can be constructed cheaply as has been demonstrated at the Peoria State Hospital. They can also be used for the deposition of garbage and slops pending the removal of the same to a distant part of the institution where they are completely and sanitarily disposed of. Water and food supplies must be carefully considered when this disease makes its appearance. No patient help should be occupied in paring-rooms, kitchens or dining-rooms that have any history of dysentery or any symptoms. I cannot emphasize too strongly that all eating utensils and dishes be boiled after use on all wards to prevent infections of various kinds; also drinking fountains of modern design be installed in all wards of our State hospitals.

I will close by emphasizing the importance that flies play in the transmission of disease and consider methods for their destruction. As with the mosquito we must start at the root of the trouble by destroying the places of their breeding; all garbage must be screened from the moment it leaves the table or kitchen of an institution until it is finally disposed of. Manure from stables should be removed once or twice a day and if possible dried before being kept and if spread thinly and so dried during the fly season there is little danger of it incubating flies. If placed in boxes or bins these must be covered. The fresh droppings of horses, etc., can be easily impregnated with the ova of flies before they are collected and put into the covered cans. No manure should remain anywhere for any length of time. Hog troughs and feeding places should be watched and flushed frequently between meals to prevent accumulation. Fly screens should be present on all dining-rooms at least and fly swatters should be liberally distributed to attendants and better patients.

The prevention of parasitic diseases in State hospitals like the prevention of all other diseases means that they must be considered and guarded against before they have a chance to fasten themselves on any of the inmates. If some of the points brought out in this paper appear to be far fetched or chimerical let us not forget that modern medicine has found its chief avenues for advance in the interpretation of the role that parasites, insects and so forth have played in the transmission of disease. Pellagra, the latest sensation in State hospitals in Illinois, has had its transmission credited to the sand fly, also to the amoeba; Typhus fever to the bed bug; Rocky Mountain fever to the ticks.

The connection that parasitic diseases have with insanity perhaps is not a vital one but those diseases are of interest from the standpoint of the general welfare and physical status of our patients. (Syphilis will not be dealt with in this paper and the vegetable skin parasites will also be omitted for lack of time and space.)

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### THE NURSING PROBLEM<sup>1</sup>

[By C. R. Lowe, M.D., Staff, Jacksonville State Hospital]

The task of preparing a paper on the nursing problem is not altogether a pleasant one and there is a question in my mind whether it in any way

<sup>1</sup> Read before the Illinois State Hospitals Medical Association.

will be a profitable one. I have no doubt that all who have and some who have not served for any length of time in the State institutions have some very definite ideas as to managing the nursing force. Many of those ideas are perhaps better not expressed or would do no good if they were expressed. It is not altogether without danger that one discusses such a subject. If one makes an unfavorable criticism on the system in use he runs the risk of being branded a disturbing element or an agitator and yet in this subject as in all subjects it is the defective unsatisfactory parts that should receive our attention. However, in any change that we may make there is always the danger that when an attempt is made to put our plans into practice the results are not those expected. It is not the purpose of this paper to tear down or destroy anything that is good but to call attention to some of the things in our service that are not in my opinion satisfactory.

There is perhaps no difference of opinion as to the object of the nursing force i.e. generally speaking to take care of the patients within the institutions, so we will spend no time on that phase of the subject.

Then of what do we complain? In a word our nursing force is inefficient. Why is it so?

*Firstly*—They have very little academic education and no training.

*Secondly*—They have no special interest in the work and do not try.

*Thirdly*—They change so frequently that our help are practically always new, and as soon as they get to know what is expected of them they quit, get discharged or are changed to another ward.

*Fifthly*—We are usually short of help.

These conditions are not by any means peculiar to Illinois but are met with in nearly all of the institutions of the various states.

Why are we always short of help? Because the supply is not equal to the demand. A man quitting or discharged knows that he can easily get a position in another hospital. You say you will prevent this by black listing them, as it were, if they quit in any but the prescribed way but this practice simply sets a premium on deceit and untruthfulness and it gets the results. They lie, go under assumed names, etc., almost anything to avoid the rules. Grant that you do succeed in shutting them out in your own state then they simply go to the next one.

It has always been the tendency of public opinion to look down on an insane patient. An individual can become sick in any other part of his anatomy without disgrace and is pitied but so soon as the mind becomes deranged he is considered inferior or worthless. This same tendency has also prevailed in regard to those who work with the insane whether in the capacity of an attendant or of a physician. People so employed have been regarded as of inferior ability or they would not be in such work. We say, have been, as we would like to flatter ourselves to the extent that public opinion is changing as to the physicians at least. The work in many ways is distasteful, unpleasant and somewhat dangerous. In my opinion the reason a better class of people do not enter the service is because the inducements offered are not sufficient to overcome these unpleasant things. The result is you get a vicious circle as it were and many now in the service are of an inferior class and any one holding the above opinion would have but little difficulty to find a concrete example to prove his contention. You say that you pay more than an individual with similar qualifications can get at anything else. Grant that, if you please, and yet your inducements are not sufficient to bring in better qualified people.

A number of attendants have been asked why they entered the service. Most of those questioned have no very definite idea as to why they entered or why they remain. Some say, "well I had a friend in the business and he liked it." Others say, "it is a right smart task to get anything to do down in my country." And still others say, "they never could understand the reason why they entered." Excepting one case, never did I get one to admit that he is getting more money in the service than at the job he last had before entering. The one exception belonged to the Salvation Army and has gone back. I am not prepared to say whether they stated facts or not.

Civil service was introduced with the idea of improving the employees. In many way it has done so and I can not but feel that the people of Illinois would make a great mistake were they to discontinue it. It proposes to raise the standard of the employees in the service by competitive examination. Theoretically this is good, practically it is worthless, as you have no competition and if you were to raise your requirements to a standard where it would be of special value you would reject your whole list of applicants. When you can get a supply greater than the demand then, and not till then, will you have a competitive examination. I am inclined to agree with those who hold that one's fitness cannot wholly be judged by a written examination and should be supplemented by an oral examination, that a board situated at the capital or some other remote place is not as well qualified to pass upon the fitness of an applicant as the man upon the ground, and while we must guard against giving a superintendent too much power yet I feel that he should have some say as to who is employed on his force and should work with the board.

The training school was also introduced with the idea that it in time would solve the nursing problem, yet I feel that the most optimistic would have difficulty in justifying it, as now conducted, by the results so far attained. I would not be understood as being opposed to a training school but I do not think that our present system is the best for our purpose. The course is not popular with attendants and only a small per cent can be induced to take it. The plan of our course is faulty and the goal we attempt to reach is wrong. Our course is planned after that of the general hospital and we are attempting to fit people for a work we do not wish them to do and which they can not do if they remain in our service. I contend that when we attempt to train nurses who can compete with those trained in the general hospital for general hospital work we are greatly handicapped and we should not attempt it. But grant if you will that we are able to do this what do we gain? If they are really good the general hospital at once gets them or they go into private practice. Permit me here to quote from one other who has written on this subject: Dr. Walter Canning, Chairman of the Board of Trustees of the Boston State Hospital, says, "Insane hospitals can not and should not expect to turn out nurses to take care of all kinds of cases of sickness in the community at large. They should carry on special schools to train nurses for the care of mental cases in particular." There are only a small per cent of those employed in the service who are required to do the work of a general trained nurse. Then why should we attempt to train people in a way which will tend to take them from us rather than hold them in our service? As stated above the object of our school should be to train nurses to take care of the insane. Not especially those who are sick in bed but those who are physically well. Teach nurses the plain everyday duties involved in the care of the mentally ill. For those who are sick in bed i.e. the hospital wards where the trained nurse as such is needed, employ the number required to take care of the patients and do not attempt to train them. All physicians are not teachers and the objection may be raised that if we are to have a school we should have teachers but this same objection could be raised in the case of any sort of school and perhaps in any hospital whether general or insane with the possible exception of the university hospitals where they are supposed to have plenty of teachers.

Why do employees change so frequently? Attendants were also questioned along this line but very little was gained. One stated that she had known good employees to leave because they were kept in inferior positions just because they were good. For instance, a girl good in the dining-room was kept there and new ones placed ahead. Employees regard the dining-room as the most inferior place on the ward. Another, I suppose expresses it about correctly when he said, "Well, most of them are bums and would not stay if they were paid a high salary."

What then can be done to aid in holding employees. Perhaps the most effective thing to do is to pay the price and raise the standard. At the present time it may be impossible to do that and so we must look for things



that can be done with the means that we have at hand. We think that the change suggested in our training system would help. In some places the housing of the employees is decidedly poor and many times the food is prepared in such a way that only those who are used to poorly prepared food will tolerate it. It has been suggested by some that if older people were employed they would be more steady. I have known some very good employees in men who have grown old in the service but those who are first taken in when forty or fifty years old are not satisfactory. They are slow and do not readily grasp new things. They resent instruction and do not readily comply with the wishes of their superiors especially if their superior is a man younger than themselves. In short, they are not disciplined. Some have also held that if married people were employed they would be more settled. This would depend largely on the character of the people employed and should they have children then the wife's usefulness is greatly reduced. Others hold that if only girls were employed our difficulties would be removed.

The salary on a sliding scale so that the longer one remains in the service the higher his salary is one effective means of holding employees and I have no doubt that if provisions could be made for their retirement after a certain number of years of service on whole or partial pay this would also be an inducement for them to remain in the service. It also might aid if more attention could be given to the social side of their lives. The hours in most places are long but in order to shorten them we must have more people.

These various things I simply mention without attempting to discuss their merits at any length.

In conclusion, let me say that, at best, nursing the insane is a difficult and expensive task and the one thought that I would especially emphasize is: Train your attendants and hire your nurses.

## EPILEPTIFORM AND SYNCOPAL ATTACKS OCCURRING IN DEMENTIA PRAECOX CASES<sup>1</sup>

[By G. W. Morrow, M.D., Staff, Anna State Hospital]

The material of this paper is based upon the study of one hundred cases of dementia praecox, at the State Psychopathic Institute, with the object of ascertaining the proportion of cases having suffered fainting attacks or disturbances in consciousness of any character, and to establish, if possible, the relation between such attacks and the onset, course, and type of the psychoses.

The histories selected were those of one hundred consecutive admissions of dementia praecox cases to the Kankakee State Hospital. Certain deficiencies must be admitted in obtaining the data, much of which was obtained from relatives of patients, who could not, in many cases, recall clearly the details of such attacks. To collect the necessary information I have questioned the physician and nurse in charge and also the patient when possible. I have consulted records, furnished on admission to the hospital, and have interviewed relatives of patients and, where this was impossible, have sent a circular letter couched in plain language, asking for the information desired. Answers to 90 per cent of these letters were received, and many showed that no little time and energy had been spent in collecting same.

Reviewing the literature, I find but little mention made of the occurrence of attacks in dementia praecox cases. It seems that no definite opinion prevails, among writers, as to the significance of such attacks and their relation to the onset and course of the psychosis.

Kraepelin says, "These attacks are for the most part fainting or epileptiform in character, occurring sometimes singly, and in other cases repeatedly. Cramps of single muscle spheres (especially of the face and

<sup>1</sup> Read before Illinois State Hospitals Medical Association.

arms), tetany, or even apoplectiform attacks with paralysis of longer duration are more rare; nevertheless they do occur and I have discovered them occasionally in histories of cases." He records having once seen severe collapse with spasms of the left side of the body and right side of face. He further says that the attack not uncommonly forms the first indication of the oncoming disease. Thus, among others, an older student especially highly gifted intellectually from his youth up, suddenly went into deep coma from which he only gradually awoke. Except for inequality of pupils, facialis phenomenon, and marked increase of reflexes there was no trace of brain symptoms; yet, when he was examined a few weeks later there was present a well marked picture of precocious dementia.

According to the same author the attacks are twice as prevalent in females as in males, and they occur in 18 per cent of all dementia praecox cases. Besides these attacks, he adds, "In a whole series of patients convulsions and syncopal attacks have been present in youth and thus, it must remain doubtful whether there is any connection with the mental disturbance." In one case he recalls having seen severe catatonia develop after the existence, for many years, of undoubted epileptic attacks. Hysterical convulsions and paralyses are otherwise frequently observed such; as, hiccough, aphonia, spasms, local contractures, etc.

Bleuler does not give the proportion of cases of dementia praecox in which these attacks occur. He says, "There are numerous and various kinds of attacks occurring in dementia praecox cases. Some seem to be psychogenic in character, and to this group belong the hysteria-like attacks which occur quite frequently. Other attacks seem organically determined, and in this latter class are found especially the epileptiform attacks which are, however, somewhat less prevalent than those of the psychogenic group. Between these two extremes all sorts of attacks occur, especially epileptiform and fainting attacks, concerning the origin of which nothing can be said. He adds further that the hysterical attacks shade off insensibly into the kataleptiform and excited attacks of short duration, which may be considered as belonging to the dementia praecox picture proper. These last forms are not here considered at all.

From this series of cases I find that 14 per cent have suffered from some form of attacks. Seven per cent are characterized as fainting or syncopal in character. Four per cent as epileptiform convulsions, in two cases infantile convulsions occurred, and in another case a number of syncopal attacks occurred at the age of two years. This last case presents a mitral regurgitant heart lesion, which might have been present and responsible for the occurrence of these syncopal attacks in early childhood. I do not consider the last three cases in any way related to this series of cases and I simply mention and dispose of them here. In order to illustrate the type of cases in which such attacks occur I will give here a brief abstract from the histories of cases presenting such symptoms:

#### CASE NO. 1—MALE, AGE 54, MARRIED, FARMER

*Family History.*—Known for four generations and negative.

*Personal History.*—Early history of patient is somewhat indefinite. He was bright in school, but was always peculiar. He was different in manner and of a rather retiring disposition. He showed no aptitude for association with others, and lacked the usual affection for his family. He was a good worker as a young man and loved to be about machinery. Studied perpetual motion at twenty-four. At thirty-eight invented a potato digger, cultivator and bug machine combined, for which he was offered thirty-five thousand dollars but refused to sell because he could not get fifty thousand.

He borrowed money at thirty with which to buy a farm, paid interest upon the money until he was forty when he refused to pay more, giving as his reason that the government was on his side and would settle his debts.

*Present Illness.*—Seems to have been gradual in onset and of many years duration, during which he manifested many vague delusions of persecution and ideas of greatness. For the past four or five years he has been quite irritable, refusing to work or to allow others to work upon the farm. He permitted his property to be sold at a discount for debts. In September, 1911, he suffered a syncopal attack during which he reeled and fell backward, but was not unconscious. The attack lasted about one minute and was followed by generalized weakness. Soon after this attack patient claimed to have been struck by electricity. He said some one was operating an electrical machine upon him in such a way as to find out his thoughts. By means of this machine, the operator could see every move he made though he might be many miles away. At times so much electricity was turned on him that he was unable to sleep. Patient became very irritable and was brought to the hospital in December, 1911.

On admission he was well nourished and the heart examination was entirely negative. He was clear and well oriented, and showed no memory defect. He had many vague fixed delusions of persecution, also auditory hallucinations. He heard the voices of spirits talking to him. Perhaps visual hallucinations were present although the latter could not be definitely determined. Soon after his admission to the hospital he became entirely inaccessible and remains so at the present time.

This case is probably an example of dementia paranoides, very gradual in onset with perhaps an acute outbreak of excitement some weeks preceding his admission to the hospital.

CASE NO. 2—MALE, AGE 24, SINGLE, SALESMAN BY OCCUPATION, NATIVE OF ROUMANIA

*Family History.*—An older brother is insane. A maternal brother died in the Cook County Hospital at Dunning.

*Personal History.*—Patient is said to have been bright, graduated from grammar school in Chicago and started high school work but did not finish, no reasons given. After leaving school he worked as salesman and is said to have been a good reliable boy, earned twelve to fifteen dollars a week and never spent his money foolishly. Eight years ago the patient fell and was unconscious for a considerable time, perhaps two hours. He was taken to a hospital where he was violently disturbed for two days following. The history of the attack is very indefinite, but it was rather syncopal in character from the information at hand.

*Present Illness.*—For the past five years he is said to have been sickly and unable to work steadily for more than four weeks at a time. For a period, length of which is not given, he did not work prior to his admission to the hospital. It is stated that before coming to the hospital he had been very quarrelsome, abusive, and had attacked his mother. He seemed very dissatisfied with conditions and was unreasonable in his demands for money. He was peculiar about his food, is said to have thrown one and a half dozen eggs out on the porch. He was restless, wandering around at night, and would at times lock himself in his room for hours. He was admitted to the hospital in July, 1912, where he showed no physical abnormalities. The heart action was described as being entirely normal. He was, on admission, quiet and showed no disorder of mood. At first he talked freely with others but later became more silent, taking apparently no interest in things about him and doing no work. He rather monotonously requested to be allowed to get up and to go out of doors, also to be allowed to go home, saying he had a mother to support, but showing no evidence of any definite plan of action. His answers to questions were indefinite and unsatisfactory; more or less monosyllabic, for instance, when asked about the time which had elapsed since he had worked, he replied, "Oh, for sometime," and would give no further information. When asked how long he had been sick, he replied, "Oh, I have been sick for five or six years, six years I guess." He was clear, well oriented, and as far as his meager responses permitted a conclusion, his memory and general



knowledge seemed quite good, but his co-operation in this respect was poor and his replies seemed somewhat careless. Although he asked insistently to be allowed to leave, he showed but little evidence of animation or real interest. He apparently improved before his parole in December, 1912, although in what way is not stated. He was seen by Dr. Wilgus about one month after his parole. At that time he had obtained a position as salesman in a department store at nine dollars per week but had become nervous and was sleeping poorly, not eating well, and had lost five pounds in weight. He realized he was not well and was trying to get lighter work and shorter hours. He described himself as having been nervous and unstable since early boyhood, breaking down very easily when he worked hard and becoming melancholic.

The case is probably an example of hebephrenic type of dementia praecox of very gradual and insidious onset, in all probability a period of more acute excitement preceded his admission to the hospital. The principal features seem to have been ill-balanced aims, dissatisfaction, inability to adjust himself to a working life. There was also indication of more dissociation in his relation to his mother (which is a matter of history and not of actual observation), and the odd reaction in regard to his food.

#### CASE NO. 3—MALE, AGE 30, A GAS METER TESTER BY OCCUPATION

*Family History.*—The father used alcohol to excess. Was eccentric, thought he was better than other people. He used lengthy words out of place; talked to himself; would get up and dress in the middle of the night and walk about town. One brother of the patient confined in Dunning for alcoholism. One brother at home an alcoholic. Mother is living and said to be peculiar.

*Personal History.*—Patient was rather dull in school and was often laid off from work, just why is not stated. He never drank. In 1908 he complained of headache, and in all probability this was the beginning of his present mental trouble. This continued for sometime when he seemed to improve. In the spring of 1910 the patient developed many hypochondriacal ideas. He complained of lost manhood; thought he had tuberculosis; talked much of pain and discomfort from a varicocele for which he was operated upon in May, 1910. After the operation he remained weak and in poor physical condition for six months, when he improved considerably until in August, 1911, when it was said that he would sit about the house and seemed uninterested in work or himself. In May, 1912, he was restless and could not sleep. Seemed apprehensive and asked for protection from intruders who he thought were under the bed and behind the door. These suspicions extended to strangers and passers-by toward whom he was aggressive and claimed that they made remarks about him. Thought his wife was untrue to him. He would laugh and talk to himself and later ran away from home during the night. In June, 1912, patient suffered a convulsion in which he lay stiff for ten minutes. The attack was followed by headache and sleeplessness. This attack was followed in a few days by two similar attacks. Following these attacks he gradually became violent and destructive to furniture which led to his commitment in June, 1912.

On admission the physical examination was entirely negative. He complained of headache which he described as a "Working round the head." He said he had not worked for one month because of weakness. He showed mannerisms in his movements, indifference toward his surroundings. General knowledge appeared to be defective. He had auditory hallucinations.

This is probably another case of hebephrenic type of dementia praecox of very gradual and insidious onset. The principal features seem to have been the gradual let down intellectually with hypochondriacal ideas, and a lessened capacity for work, with vague delusions of persecution and indefinite hallucinations.

CASE NO. 4—MALE, AGE 31, COMMON SCHOOL EDUCATION, A CUTTER BY OCCUPATION  
*Family History.*—Negative.

*Personal History.*—Patient was normal and bright when a child but was never robust. He suffered from pneumonia at five years and measles at six, after which he grew stronger. At thirteen he was not so strong as other children of his age. When fourteen or fifteen years of age he had four or five fainting attacks, within a period of a few months, each attack occurring when the patient was in a crowd. There was no biting of the tongue nor jerking of the limbs. The attacks usually lasted a half hour and were followed by exhaustion and stupor. From eighteen to twenty-one years the patient kept company with questionable women, and often drank to excess. At twenty-one he contracted gonorrhea which lasted some eight months. At twenty-two he changed his way of living for the better, but lacked confidence in himself, and, it is said, was unable to concentrate his mind upon his work. At twenty-eight he went to Wyoming where he contracted mountain fever. Just how long he remained in Wyoming is not stated, but when he returned home he was very yellow and did not regain his normal condition for one month. At home he talked all the time of his trip and complained of having been mistreated. He soon became suspicious of his fellow workmen (just how is not stated), was very irritable and abusive. He sat about the house uninterested and was careless of his personal appearance and habits. In March, 1911, he was discharged by the employer for whom he was working (reason for same not stated), but began working for another company in August. Seemed contented for two or three months, after which time he again began to talk about people watching him. He was, however, able to work until March, 1912, when he was again discharged. At this time his relatives began to think that something more than his peculiar nature was responsible for his actions. He now complained of people following him, as he said, "Shadowing him." The "poison eye stare" could overcome him. He complained at times of severe headache. Was sleepless at night. He later began smoking in bed; talked to himself; cursed those about him. He would leave home and be gone two or three days without the family knowing anything of his whereabouts. He had vivid hallucinations, heard his father's housekeeper say all kinds of insulting remarks about him when he was leaving the house. She also made "sounds of contempt" when in his presence. He did not speak to her about this but only told his father that she was not the proper person to employ. His commitment to the hospital occurred in July, 1912.

On admission the heart examination was entirely negative. He had auditory and visual hallucinations with poorly defined delusions of persecution. He was clear and accurately oriented, but seemed lacking in interest in his surroundings. Showed very defective general knowledge and calculation. He had no insight into his mental trouble.

This is another example of hebephrenic type of dementia praecox of very gradual onset, with periods of more or less acute excitement. The principal features seem to have been ill-balanced aims, dissatisfaction, and an inability to adjust himself to a working life.

CASE NO. 5—FEMALE, AGE 19, COMMON SCHOOL EDUCATION, SINGLE, NATIVE OF UNITED STATES

*Family History.*—Father was a moderate user of alcohol, was abusive to the mother who was said to be below par mentally.

*Personal History.*—Patient was a healthy baby but was dull in school, had not finished the seventh grade at seventeen years of age. She was always reserved, never so jolly and playful as other children. At fifteen she suffered a fainting attack, the duration of which was not stated. There is no mention made of paralysis or headache following this attack.

*Present Illness.*—Seems to have begun rather gradually after patient had had some trouble with her father at eighteen. She soon began muttering and talking to herself and laughing in a silly manner. She seemed

perfectly clear as to her surroundings but lacked initiative and was idle, could not concentrate her attention. Her commitment to the hospital occurred in January, 1912.

On admission the physical examination was negative. She was seclusive and sat away from other patients. Talked and muttered to herself continually. She was rather inaccessible, but no delusions nor hallucinations could be elicited. She insisted that she was not insane but feeble-minded because she could not remember. She showed very defective school knowledge, very poor retention and calculation.

This seems to be one of those cases of dementia praecox of the hebephrenic type, which shows simply decay without any definite delusions or hallucinations.

CASE NO. 6—FEMALE, AGE 19, CLERK BY OCCUPATION, SINGLE

*Family History.*—Father and one paternal uncle were alcoholics.

*Personal History.*—Patient was a healthy child and developed normally. School life lasted from six to thirteen. She was fond of study and learned readily. After leaving school she remained at home for two years when she became a clerk in a downtown store. Her work was entirely satisfactory. As a child she never played with other children but kept to herself instead. As she grew older she was little different in this respect. She never cared to go out, never had many friends, and never cared for the company of young men. She was given to worry over minor troubles. She received a head injury three years before her admission to the hospital. She seemed dazed for a time but otherwise no other evidence of injury was present at that time.

*Present Illness.*—The present illness apparently dates from the marriage of her brother, of whom she was very fond, in April, 1911. At that time she quit work, saying the work was too hard. She was examined by a physician who said she was nervous and needed rest. One month after this she suffered a fainting attack which lasted five or ten minutes and was followed by headache. There was nothing special noticed in her mental condition, however, until the night of July 4, 1911, when she said there was some one hypnotizing her and she could not sleep. She threw her hair over her face and sat down upon the bed clothing piled in the middle of the bed, and would take no notice of any one. After this she would not go out of the house, and refused to eat at the table with the other members of the family; but would go to the table and eat when the others had finished. She was taken to a hospital where she did very well, but after three weeks refused medicine and was restless. She was taken home where she improved until in December, 1911. Then she began to wander from the house and on one occasion was picked up by the police. She expressed some rather strange ideas of her people, said her mother was not her mother, often called her father "brother," and called a friend of her father "father." She said she was going back to Italy where she belonged. She showed many peculiar habits, for example, when bathing, she would bathe one foot or hand and not the other. She was wakeful and laughed and talked to herself at night. She was committed to the hospital in May, 1912.

On admission her physical examination was entirely negative. She showed marked lack of interest in her surroundings, and cared not for the fact that she was in a hospital for the insane. She was slightly resistive toward the routine ward measures. Her stream of thought was disconnected and given with some detail. She maintained that her father and mother were not her parents. She denied hallucinations except for a buzzing and ringing in her ears. She was clear and well oriented. Had fairly good memory with good retention. Her general knowledge, however, was defective. She had no insight into her mental trouble.

This is probably another example of the hebephrenic type of dementia praecox.



## CASE NO. 7—FEMALE, AGE 42

*Family History.*—Father and one sister insane.

*Personal History.*—Nothing could be learned of patient's early life.

*Present Illness.*—Began rather suddenly eight years ago when the patient was attending a series of revival meetings. While coming from church one evening she saw a vision in which her dead sister, Joseph, and the Lord appeared to her vividly. The Lord spoke to her at that time and she was pleased, for she felt that she had been especially favored. She was later annoyed by the spirits of dead relatives in the house, at night, which she tried to drive away. These spirits also controlled her actions at times. She lost interest in her housework and family and was quite irritable. In September, two years previous to her admission to the hospital, she suffered three syncopal attacks, lasting from several minutes to two or three hours. These attacks were followed by headache and sleep. Her increasing lack of interest with irritability led to her commitment to the hospital in September, 1912.

On admission her physical examination was negative. She was apathetic and listless. She heard God's voice speaking to her, to which she gave little notice. She was scarcely accessible but from the meagre response to questions showed she was correctly oriented, with fairly good memory but very poor general knowledge, with no insight.

Another example of hebephrenic dementia.

## CASE NO. 8—FEMALE, AGE 42, MARRIED, HOUSEWIFE, NATIVE OF POLAND

*Family History.*—Father was an alcoholic.

*Personal History.*—Very meagre, and no information of her early life could be obtained. Patient came to this country at the age of twenty, is the mother of six children. At thirty-eight she began to suffer convulsions attended by jerking of the extremities and biting of the tongue. The attacks would last from one-half hour to several hours, and some attacks would last all day. After a time these attacks occurred daily, just how long is not stated, and were followed by headache and sleep. Soon after the onset of these attacks patient developed grandiose ideas, thought she was a saint and refused to permit a physician to see a daughter who was ill, saying that she knew more than the physician. She became quite irritable and when interfered with was violent and destructive, destroying the furniture. She also became very careless in habits and was occasionally filthy. She was committed to the hospital in October, 1912.

On admission she presented a systolic mitral heart murmur. No signs of broken compensation. No other physical findings. She was very irritable, seclusive, and untidy. She was entirely inaccessible, refusing to reply to questions.

The classification in the case was also that of hebephrenic type of dementia praecox.

## CASE NO. 9—FEMALE, AGE 34, DOMESTIC, SINGLE

*Family History.*—Negative.

*Personal History.*—Patient was a normal child and was bright in her studies. She was rather self-willed, otherwise not unlike other girls of her age, until the onset of her psychosis at twenty-three. The first change in her mental condition occurred soon after she had some trouble with a certain young man when she developed many hypochondriacal ideas. She complained of headache and of pain in the pelvis and of being nervous. She was treated in various hospitals and sanitariums without relief. Soon after this (just how long is not stated) she began to suffer attacks of unconsciousness. These attacks usually lasted from one to two hours to be replaced by headache and sleeplessness. She suffered from one to two attacks each month, usually at the monthly period. She became quite nervous and sleepless and developed many vague ideas of persecution. She thought people were working against her, especially her brother. Though

the physician with whom she was treating had attempted to poison her. She felt that some one was controlling her thoughts and that she had a different mind. Many tormenting bodily sensations were present, electricity passed through her body and she suffered peculiar sensations in the generative organs. With this persecutory trend a feeling of greatness developed in which she believed she was much sought after in marriage and made advances toward a certain young man at the house where she was employed. She also saw visions but denied hearing voices. She was committed to the hospital March 4, 1910.

On admission the physical examination was negative. She was correctly oriented and showed good memory for school and general knowledge. She believed she was the object of many persecutions. She also showed a feeling of greatness in that "they" tried to make out that she had been murdered. That "they" tried to make out that she was McKinley who was murdered. Just before she came to the hospital "they" tried to represent her as Christ. Just who is referred to by "they" is not known. Her mental state has been one of steady decline until the present time, attended by many persecutory ideas and feeling of greatness.

This is an example of dementia paranoides.

CASE NO. 10—FEMALE, AGE 30, SINGLE, DOMESTIC, NATIVE OF UNITED STATES,  
COMMON SCHOOL EDUCATION

*Family History.*—Negative.

*Personal History.*—Patient was a healthy baby and developed normally. Her school life was from six to fourteen (no mention is made of her progress in school). She was said to worry and to keep disappointments to herself. She was rather select in her associations but made friends easily. She was bashful in the presence of men, and always a little jealous of her mother. At nineteen she suffered five or six attacks of unconsciousness which were described as convulsions, the attacks lasted about five minutes, and were attended by jerking of the extremities, and followed by headache and stupidity. After leaving school she remained at home until twenty-three. At that time she worried a great deal (cause for worry not stated), and was sent to Portland, Ore., upon the advice of a physician who stated that a change of climate might relieve her nervousness. It seems that she was quite well there and for two years was a student in the Normal School. While in Portland she became sick (just how is not stated) and was told to come home. When she reached home she refused to eat, and said certain foods were not good for her. She was irritable and jealous of her mother, criticised the amount of food her mother ate, and always wanted something better than her mother had. She was restless at night and at times would say, "Can't I get married now?" She later refused to go to bed and was irritable. She was committed to Dunning in February, 1911. There she heard voices saying, "You have lived wrong all your life." She improved mentally while there, (just how much is not stated). She was taken home after six weeks in very poor physical condition. At home she seemed quite herself for a time but later was angry and disobedient to her mother and talked impertinently to her. She was sent to a private hospital in July where she remained unimproved until September when she was again taken home. There she made many peculiar statements. She would say, "It would be better for me if I was married any time." She wandered out on the streets and rode about the city on the street cars. Said the clock annoyed her and went to a neighbor's house at two o'clock in the night. Her commitment to Kankakee occurred in August, 1912.

On admission physical examination was negative. She was quite resistful, refused to remain in bed. Continually asked in a monotonous way to be allowed to go home. She was careless of general appearance. She was clear and well oriented, had good memory. She heard voices saying she had lived wrong her entire life, and had rather vague indefinite delusions of persecution, mostly involving her mother. Showed defective school and general knowledge.

She was classified as the hebephrenic type of dementia praecox.

CASE NO. 11—FEMALE, AGE 39, MARRIED, HAS ONE CHILD

*Family History.*—Negative except the mother is nervous and one maternal aunt is insane.

*Personal History.*—Patient was a healthy baby and normal in childhood. School life from eight to fourteen years. She got along well in her studies, quit school and went to work in a department store where she did well. She was married at twenty, and has one child eighteen years of age. There was a history of at least one miscarriage. She was said to be of a happy disposition but worried over financial affairs. She was an Episcopalian until four years previous to her admission to the hospital when she became a very devout member of the Catholic Church. Six years ago, while in bed, she suffered a fainting attack which lasted about fifteen minutes, and was followed by generalized weakness.

*Present Illness.*—Seems to have been very gradual and insidious in onset, and perhaps began about four years ago; when a change in disposition was noticed by her family. She seemed absent-minded and talked much of religion. Some months after this she said her husband and physician were trying to poison her. She scolded and upbraided her husband for this. About this time she developed ideas of greatness. Said that God talked to her and that every one except herself and her son had been banished. She talked to her grandmother, who was dead, said her mother had joined her husband against her. She wandered about at night which led to her commitment in June, 1912. She resisted the officers and was taken with considerable difficulty. At the hospital, however, she was usually quiet and submissive. There were present, marked delusions of persecution. She thought her husband was insane, and that her mother and physician were working against her. She believed she was the perfect and beloved daughters of God sent to earth to save sinners. Had hallucinations of sight and hearing, saw and heard God. She was clear and well oriented, showed good memory and good retention. Patient continues to have many delusions of persecution and exaltation, believing now that she is God; just why she believes this is not known.

Classified dementia paranoides.

Of the eleven cases having suffered epileptiform or syncopal attacks, seven, or 63 per cent, occurred in women as compared with four, or 36 per cent, in men; 72 per cent of attacks occurred in the hebephrenic form of the disease as compared with 27 per cent in the paranoid form. No attacks, in our series of cases, occurred in the katatonic form of the disease, which formed 16 per cent of the total number of cases studied.

The average age of onset of psychosis in cases having suffered attacks was twenty-eight years, the onset in women being slightly later than in men. The average age of onset of the psychosis in those not having attacks was twenty-eight years. The onset in women was likewise later than in men. Thus from this series of cases it would appear that no definite conclusion can be drawn as to the relation of such attacks to the age at onset of the psychosis.

As to the manner of onset of the psychosis, in cases not having suffered attacks, 18 per cent were said to have been abrupt; 10 per cent rapid, and in 72 per cent the onset was gradual. The onset of the psychosis in those having attacks was abrupt in 15 per cent, rapid in 21 per cent, and gradual in 70 per cent. Thus it will be seen that the onset in this small number of cases suffering from attacks is somewhat more often rapid or abrupt than in those not showing such symptoms.

In five, or 45 per cent of the cases, the attacks occurred at the time of the onset of the psychosis. Of these five cases the onset was gradual in two, abrupt in two, and rapid in one.

In four, or 36 per cent of the cases, the attacks preceded the onset of the psychosis from two to fourteen years, the average being 5.75 years.

In two, or 18 per cent of the cases, the attacks occurred after the onset of the psychosis; in one case two years and in another ten or fifteen years, in both cases the psychosis was gradual in onset.



So far as could be determined the mental dilapidation was not more pronounced, or the general course of the disease, after onset, was in no way different in the cases suffering attacks from the other cases of the series.

From this series of cases the following conclusions may be drawn:

*First*—That epileptiform or syncopal attacks occurred in 11 per cent.

*Second*—That 63 per cent of attacks occurred in women as compared with 36 per cent of attacks in men.

*Third*—That 72 per cent of such attacks occurred in the hebephrenic form of the disease as compared with 27 per cent in the paranoid form. No attacks occurred in the katatonic form of the disease.

*Fourth*—That 45 per cent of the attacks occurred at or about the time of the onset of the psychosis.

Thirty-six per cent of the attacks occurred on an average of 5.75 years before the onset of the psychosis.

Eighteen per cent of the attacks occurred from two to fifteen years after the onset of the psychosis.

*Fifth*—That no definite relation could be established between the occurrences of such attacks and the age at onset of psychosis.

*Sixth*—That the manner of onset of the psychosis in cases having suffered attacks was more often abrupt or rapid than the onset in other cases.

*Seventh*—That no definite conclusion could be drawn as to the degree or rapidity of the mental dilapidation in cases suffering attacks as compared in this respect to other cases in our series.

## THE LANGE GOLD-SOL TEST IN NERVOUS AND MENTAL DISEASES<sup>1</sup>

[By G. W. Brock, M.D.; Staff of Peoria State Hospital]

No attempt was made to test out this laboratory method as to its specific reaction in various mental and nervous diseases, as the work represented in this paper is based almost solely on the parietic suspects that have come into the Peoria State Hospital during the past five months.

Lange's test is based on the observation of Zsigmondy that certain albumins on contact with a solution of colloidal gold in the presence of an electrolite caused a clumping of the colloidal particles when the albumins were present in certain concentration producing various color changes. That less diluted solutions possessed a protecting power which prevented color reaction, and that the reaction was more marked at different dilutions with various albumins pointing toward a specificity of reaction.

The technic is as follows: Place in a test tube rack 10 test tubes. In each place one c. c. of a 4/10 per cent solution of sodium chloride. To the first add 8/10 c. c. more of the sodium chloride solution and 2/10 c. c. of the patient's fluid to be tested, which gives a dilution of 1 to 10 in the first tube. Mix thoroughly and remove 1 c. c., transferring this to the second tube, repeating this procedure throughout the series, which gives dilutions from 1 to 10 to 1/5120. After mixing in the 10th tube discard 1 c. c. Having made the dilutions, add 5 c. c. of the gold-sol indicator to each tube and let them stand 24 hours before reading the results. In marked cases of general paralysis a change is usually seen in a few minutes.

The color reaction ranges from red and red blue, red blue and blue red, violet and dark blue to light blue and clear—the color scale representing successive increase of reaction. The color changes are somewhat vague in some cases—the reaction not always being clear cut, so that slight differences in reading might occur with different individuals. The great difficulty in this test is the production of the indicator which should be clear and of a rich yellowish cherry red color. It is prepared as follows: To make 500 c. c. of indicator take 500 c. c. of double distilled water in a 1500 c. c. jena glass beaker and heat slowly over wire gauze to about 60 degrees centigrade.

<sup>1</sup> Read before Illinois State Hospitals Associations.

When a few bubbles begin to start add while heating 5 c. c. of a 1 per cent solution of a gold chloride and then follow quickly with 5 c. c.'s of a 2 per cent solution of potassium carbonate. Increase the heat and heat rapidly to boiling. Remove the flame and add immediately 5 c. c. of a 1 per cent dilution of liquor formaldehyde and at once shake vigorously until the proper change of color comes, which takes from one-half to five minutes. The change should pass from a bluish red to amethyst, reddish pink and finally red with a slight yellowish tinge. A solution will usually keep only about four or five weeks at room temperature. The water used in making up the indicator must be double distilled using jena glass boiling flasks. The rest of the condensation apparatus may be constructed of common glass and ordinary corks, not rubber, are used in making connections. All glassware must be scrupulously clean, washing with soap, rinsing in  $\frac{1}{2}$  per cent solution of nitric acid, then washed in distilled water and dried with heat.

The presence of an excess of the proteins is responsible for a positive reaction in this test. The normal cerebro spinal fluid contains a very small amount of protein which is considered by various capable authorities to be serum globulin, serum albumin, or to consist of both substances. Greenfield in a study of albumin estimation using a modified Noguchi butyric acid test, estimated that in normal serums there was a precipitate equal to from 1 part in 8,000 to one part in 2,000.

Albumin should not be over .25 of a gram to the litre. In pathological conditions the proteins are increased varying according to the nature of the inflammatory process. Schaller reports that in acute meningitis, serum albumin is increased, while in syphilitic affections the serum globulin is in excess—attaining an amount equal to or exceeding that of the serum albumin present. The presence of a protein in pathological amounts may be determined by a number of methods, all much alike, with the exception of the Lange Gold-sol method. These methods include precipitation by hydrochloric acid, nitric acid, thichoracetic acid, butyric acid, alcohol, magnesium sulphate, zinc sulphate, ammonium sulphate, Esbach agent, etc. Of all the precipitation methods those of Nonne-Apelt, Ross-Jones and Noguchi are the only ones used widely for clinical examinations of cerebro-spinal fluid. These tests depend on albumin coagulation, while the Lange test depends on the reduction of a colloidal salt. As to specific reaction, Lange found that all cases of cerebro-spinal syphilis reacted in about the same dilutions. The reaction for general paralysis being typical while the reaction in tabes was marked but less characteristic than in general paralysis. These reactions were more marked in the lower dilutions, while in the non-specific cases of meningitis, the reaction was more marked in the higher dilutions.

Eicke reports on three hundred and twenty-three cases. He found that in secondary syphilis the reaction occurred at dilutions of from 1/25 up to 1/130. The maximum always being between 1/40 and 1/80, the tint purple. General paralysis 1/10 to 1/640 white tint. Tubercular meningitis 1/320 to 1/1280 purple. Suppurative meningitis 1/160 to 1/2560. The color reaction running through all the tints down to white and back again to violet. The reaction was considered remarkably specific and extremely sensitive and reliable. A negative reaction was obtained in cholera, circular insanity, dementia praecox, arterio-sclerotic dementia, epilepsy and neurasthenia. He also found the reaction is not so pronounced in tabes as general paralysis, and states that it resembles the ordinary type of syphilis.

Grulee and Moody report twenty-five cases in the diagnosis of congenital syphilis. The reaction was most marked in dilutions of 1/40 and 1/80, in cases of clinically congenital syphilis. Two cases of tubercular meningitis reacted most markedly in dilution of 1/80 to 1/160 and 1/320. They suggested the test will probably prove valuable in the diagnosis of congenital syphilis, their reactions being considered quite specific.

Sippey and Moore reported 150 cases before the section in mental and nervous diseases at the Minneapolis meeting last June, stating that syphilitic cases reacted with maximum intensity in dilutions of 1/40 to 1/80, while non-syphilitic cases reacted with maximum intensity around dilutions of 1/640.

In the forty cases at the Peoria State Hospital the Gold-sol test was positive, in thirty cases of general paralysis giving reactions of maximum intensity in dilutions of 1/10 to 1/80. The Nonne-Apelt, Ross-Jones, Noguchi butyric acid test, and the Wasserman reaction of cerebral spinal fluid, were also positive in all cases.

The Fehling reaction was absent in 80 per cent and the cell count averaged 34 cells per cubic millimeter. Ten other cases including two cases of dementia praecox, two of arteriosclerotic brain disease and one each of cerebral hemorrhage, idiocy, brain tumor, manic depressive psychosis, neurasthenia, and not insane were negative. The cell count in these cases averaging 2 and 1/10 cells per cubic millimeter. The cerebral spinal fluid used for the tests should not be blood contaminated. In employing the Nonne-Apelt and Ross-Jones tests Mercks neutral ammonia sulphate gives more accurate results. Of the two tests in the Ross-Jones contract method the reading is more clear cut and I believe is to be preferred to the Nonne-Apelt test. The Gold-sol solution will not keep indefinitely as formerly stated; its preparation is the only difficult part of the technic, and double or tripple distilled water and clean glassware will prevent many failures.

The solutions that are underheated in the preparation of the indicator do not pass through the color changes as rapidly as those that are brought to a higher temperature, requiring a longer period of agitation. From the limited number of cases examined I cannot speak with much definiteness although I believe this reaction to be quite specific in the diagnosis of nervous and mental diseases. The specificity of the test, showing a maximum reaction in the lesser dilutions in syphilitic affections and a maximum in the higher dilutions in the acute forms of meningitis, may be due to the difference in the type of the increased protein present, as to whether it is serum albumin in the acute forms of meningitis or serum globulin in the syphilitic affections. Considering the simplicity and reliability of the Nonne-Apelt or the Ross-Jones test and that in cases of general paralysis the cell count and Wasserman reaction of the cerebro-spinal fluid are also made to clinch the diagnosis, I do not believe that this test will ever come into very wide usage, except in very doubtful cases when it may be used on account of its reputed specific action.

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### PROPHYLAXIS OF FEEBLE-MINDEDNESS<sup>1</sup>

[By J. J. Mendelsohn, M.D., Staff, Lincoln State School and Colony]

In view of the pronounced increase of the recognized feeble-minded, it has become very apparent to thinking people, who have the welfare of the community in mind, that our present methods of precaution against this grave condition must be improved with the object of reducing the number of mental defectives in the future, and thereby combating what, from present indications, promises to become our greatest financial burden and social menace. The importance of preventing the increase of mental defectiveness is gradually taking a firm hold on the attention of the public, and although the physician in general has been slow to realize the fact, is developing one of the most significant and valuable fields of modern preventive medicine, important alike to every medical practitioner no matter what branch of activity he may pursue, since the problem of mental degeneracy does not concern the individual patient but involves the future of the race as a whole and is therefore deserving of the application by physicians of scientific measures in its solution similar to those which have resulted in such great progress in the prevention of physical disease.

Careful investigation of the incidence of feeble-mindedness, both in England and in the United States, has resulted in the collection of a series of statistics from which the conservative and generally accepted conclusion has been drawn—that one out of every three hundred of our population is

<sup>1</sup> Read before Illinois State Hospitals Medical Associations



feeble-minded. This would indicate that there are in this country 300,000 feeble-minded individuals. The New York Board of Charities recently reported the presence of 30,000 feeble-minded persons in that state. The number of mental defectives in Illinois has been estimated at 20,000. Of the great total in this State, less than one-eighth are in public and private institutions. The remaining are more or less at large in the community where they have proven themselves to be a potent factor in the causation of crime, immorality, poverty and ill-health.

Evidence of the extreme suggestibility of this class to crime and immorality in all their aspects is furnished in the fact that mental examination of the inmates of penal institutions has demonstrated the presence of varying degrees of feeble-mindedness in from 20 to 40 per cent of their population. Statistics have pointed out the fixed relationship which exists between the increase of feeble-mindedness and crime. Mental examination of 600 children appearing more than once before the Chicago Juvenile Court showed 26 per cent of them to be feeble-minded. The Chicago Vice Commission reported that 80 per cent of all women, found in the houses of ill-fame, who were examined, displayed a mental capacity of children from twelve to fifteen years of age. Such facts as these serve to emphasize the antisocial tendency of the feeble-minded and the urgent need of measures to restrict their activities.

To be able to institute intelligent precautionary measures in curbing the increase of feeble-mindedness, it becomes necessary for us to revert to the causative factors of this condition. It may be stated that mental deficiency is the result of two great factors; first, "Heredity," second, "Environment." The first factor acts in accordance with the law of nature—that degenerate seed tends to produce imperfect fruit, the tainted germ plasm being transmitted from or through the parent to the child. The second factor acts by interfering with normal development, thus leading to impairment of function. An etiological classification to be satisfactory must therefore be based on these factors. The following classification conforms to this requirement.

#### I. Heredity:

1. Diseases of the nervous system.
2. Alcoholism.
3. Syphilis.
4. Tuberculosis.
5. Consanguinity.
6. Age of the parents.

#### II. Environment:

1. Antenatal.
  - A. Abnormal conditions of the mother during pregnancy.
    - (a) Mental.
    - (b) Physical.
2. Natal.
  - (a) Abnormal labor.
  - (b) Premogeniture.
  - (c) Premature birth.
3. Postnatal.
  - (a) Intoxication or infection.
  - (b) Trauma.
  - (c) Epilepsy.
  - (d) Malnutrition.

Morbid heredity as the predisposing cause, and adverse environment as the determining cause of feeble-mindedness may and frequently do occur in the same individual. It is evident, therefore, that in many instances it would be difficult to eliminate morbid heredity as the causative factor in many cases where adverse environment could be demonstrated. Tredgold states that in 65 per cent of his cases he obtained a history of morbid environment, but adds that the frequency with which he was able to demonstrate the presence of pronounced hereditary taint, on careful investigation led him to conclude that heredity was the predominating factor in causing

the mental defectiveness and that the influence of environment was in most cases merely contributory.

Hereditary predisposition is demonstrated in from 70 to 80 per cent of cases and is generally conceded to be the most important factor in the production of mental deficiency. The most common form of morbid inheritance is disease of the nervous system. The neuropathic taint which is inherited may have manifested itself in the parent or ancestor in the form of hysteria, neurasthenia, epilepsy, insanity or organic disease of the nervous system and still be capable of transmission to the offspring as mental deficiency, especially where the neuropathic tendency becomes accentuated by the intermarriage of those similarly affected or by the presence of vicious environment.

Alcoholism, syphilis and tuberculosis in the ascendants undoubtedly play a role in the causation of feeble-mindedness. The exact extent of their influence, however, has as yet not been definitely settled. These factors, especially syphilis, are capable of initiating the neuropathic diathesis in the offspring of otherwise normal individuals, and in the presence of latent tendency to mental defectiveness accentuate the degenerative trend in the offspring.

Consanguinity has been found to play practically no part in the causation of feeble-mindedness providing the uniting parties are normal persons devoid of ancestral taint. Where the neuropathic taint is present the tendency toward mental defectiveness will be emphasized.

Advanced age of the parents at the time of conception may influence the mental rating of the child.

Feeble-mindedness in the ancestors is transmitted to the descendants as feeble-mindedness, the condition being more or less frequent, depending on whether the offspring marry into good or defective stock. It is an accepted conclusion that the marriage of two feeble-minded persons will result in feeble-minded offspring. Such offspring is exceedingly likely to be of lower mentality than either parent. It has also been proven that the union of an apparently normal person with neuropathic ancestors, and a feeble-minded person of feeble-minded parents is productive of mental defectiveness in the offspring. In general it has been shown that the number of marriages resulting in feeble-minded children and the number of mentally deficient children resulting from such marriages are highest where both parents are of mentally defective stock, next where one parent is of mentally defective stock and the other parent of normal ancestry, and least where neither parent is of mentally defective stock.

Investigation into the family trees of mental defectives has furnished lucid examples confirming the conclusion that defective parentage, whether it affect one or both parents, is to a lesser or greater degree productive of mental degeneracy in the offspring of succeeding generations. An instance of this is demonstrated in the account of the Jukes family in which five daughters of a lazy, irresponsible fisherman were in five generations productive of 1,200 descendants, five-sixths of whom were accounted for in the following manner: Four hundred forty were syphilitic, one-half of the women being prostitutes, 310 were professional paupers, 30 convicted criminals, 60 habitual thieves, and 7 were murderers. Aside from the social menace they occasioned by their existence they are said to have cost the State one and one-half million dollars.

Another illustration which demonstrates conclusively the hereditary transmission of feeble-mindedness is furnished in Dr. Goddard's publication—"The Kallikak Family." This work shows the result of the union of a normal individual and a feeble-minded woman as compared with the union of this same individual with a normal woman. The family tree resulting from the union with the feeble-minded woman abounds with feeble-mindedness, sexual immorality, illegitimacy, alcoholism, epilepsy and criminality, whereas, the union with the normal woman was productive of offspring of good character devoid of mental or moral stigmata.

In 20 to 30 per cent of the cases of feeble-mindedness the cause is attributed to unfavorable environment. Among the more important environ-

mental factors, "Intoxication" and "Trauma" may be considered more in detail.

Toxic agents may interfere with the normal development of the foetal brain indirectly as the result of the presence of an acute or chronic intoxication or infection in the mother during the puerperium. A chronic inflammation of the meninges or brain has been frequently met with in the foetus where the mother was alcoholic, syphilitic or tuberculous. More frequently the toxins act directly on the child as a consequence of infectious disease in infancy, frequently the specific fevers. Meningeal affections which are a common complication in these diseases frequently cause arrest of brain development with impairment of function. Abnormal functioning of the ductless glands has resulted in mental deficiency.

Trauma involving the head of the foetus may result from injury to the mother during pregnancy, or from blows or falls affecting the head in early infancy. More frequently, however, cerebral injury results from labor and its complications. Prolonged and difficult labor, due to anomalies on the part of the mother or the foetus, frequently necessitates the application of forceps to the use of which many cerebral injuries are laid. Signs of cerebral hemorrhage have, however, also been found in such cases where delivery was spontaneous.

Abnormal mental conditions of the mother during the period of pregnancy such as worry, shock, fright, etc., also physical stress and strain during this period, may have a definite bearing on the production of feeble-mindedness in the child. The importance of their influence, however, is still open to investigation.

Primogeniture by predisposing the child to more difficult labor may exert a contributory influence. Premature birth may result in mental deficiency.

Epilepsy dating from infancy is frequently associated with mental defect. Malnutrition in infancy the result of poor food, unhygienic surroundings, the presence of disease, etc., may retard mental development, but in the absence of inherited tendency seldom causes feeble-mindedness. In rare instances defect of two or more sense organs has prevented the acquiring of sense impressions with consequent feeble-mindedness.

Recognition of the importance of heredity as the chief factor in the causation of feeble-mindedness has led to the advocacy of prophylactic measures intended to check the propagation of this class and also to restrain their pernicious activities. The measures chiefly recommended are "Segregation" and "Sterilization" of the mental defective, regulation of marriage and education of the general public.

Segregation properly instituted affords the best means at our disposal of dealing with this problem both from the standpoint of humaneness and effectiveness. To make segregation effective, however, a systematic method of procedure must be adopted. There are two principal methods whereby the mental defective may be discovered early and be placed under institutional supervision.

The first method consists of his recognition in the public schools. Classes for backward children should be established by the boards of education. These classes should be under the supervision of physicians especially trained in the diagnosis of mental deficiency whose duty it shall be to study these cases, sifting out those who are feeble-minded and recommending their being placed in an institution before they can exert their evil influence in the community.

The second method consists in the establishment of clinics for mental examination in connection with the courts. These departments should be under the control of skilled alienists who shall ascertain the mental status of every juvenile or adult offender who is brought before the court. Such of these who are found to be mentally deficient should be legally committed for permanent detention in an institution for their care.

To successfully carry out such measures it becomes essential that laws be enacted by the State providing for the commitment and permanent detention of the feeble-minded. At this time no such laws exist in this State, consequently, a mental defective can not be legally detained at



Lincoln in opposition to the wishes of the parent or guardian, no matter how great a menace to the community he may occasion by his presence. Such legislation should also provide for the holding of all mentally deficient delinquents and criminals found in our reformatories and prisons.

Such procedure may appear drastic but is perfectly justifiable both from the viewpoint of protecting the mental defective as well as society. Of special moment is permanent segregation in the cases of mentally deficient females. It has been stated that at the State Training School for Girls at Geneva, feeble-minded girls are discharged at the age of eighteen with the expectation that they will assume the place of a normal woman in society. It is needless to dwell on the evil which may result from such action. It has been remarked that individuals wait at the very doors of the institution seeking to subject to vicious exploitation this type of woman the moment she leaves.

It is evident that segregation carried out in the manner described would mean temporarily at least, an enormous cost to the State, but such cost would in a great measure be counter-balanced by a decrease in the cost of court procedure and the maintenance of reformatories, prisons, poor houses, state hospitals, etc., besides tending to eventually lighten the burden of the State in caring for this class. An institution for adult mental defectives of the medium and higher grades of mentality could contribute materially toward its own support besides furnishing such individuals with a wholesome environment. This suggests the urgent need at this time of an institution for this type of defective since it would be more fitting not to keep the more capable and intelligent defective in such close intimacy with the low grade cases of imbecility and idiocy as we are compelled to do at Lincoln.

Sterilization as a means of rendering the transmission of mental defectiveness impossible, while advocated considerably, also meets with strong opposition. Public opinion in general restricts such procedure. Legislation authorizing sterilization has been enacted in eight states, yet, in not one of these is the law being applied at this time. It appears as if legislation is in advance of public sentiment in authorizing this radical procedure which is at the best but a partial remedy.

The adoption of laws regulating marriage, while commendable from the theoretical standpoint, is not capable of practical application, especially where the unfit are concerned since they have little need or regard for marriage license in order to propagate their kind.

Education of the general public becomes a matter of prime importance in the prophylaxis of feeble-mindedness for it is evident that the successful initiation and effectiveness of preventive measures against this condition must require the co-operation of society. Since the public in general turns to the medical profession for guidance in matters of health it consequently devolves upon the medical practitioner to become more familiar with the important aspects of mental defectiveness so that he may be better capable of awakening in the mind of the public a proper appreciation of the role of heredity disease and environment in shaping the mental, as well as the physical, destiny of the race.

As the physician in the institution is in better position to accumulate data pertaining to the cause and nature of mental degeneracy, it becomes his duty to further such research, disseminating the information obtained among the profession at large. In this manner he can help in bringing the facts home to the people, on whom the prevention of mental degeneracy must ultimately depend.

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#### THE USE OF VACCINE IN SCARLETINA<sup>1</sup>

[By C. A. Potter, M.D., Attending Physician, St. Charles School for Boys]

It is not my purpose to come before you with an unqualified enthusiastic endorsement of vaccine in the prevention of scarlet fever, but rather to give

<sup>1</sup> Read before Illinois State Hospitals Medical Association

a fair report of the results of its employment in a recent epidemic at the St. Charles School for Boys, where an outbreak of the fever in a virulent form gave me an opportunity for trial which was very exceptional in view of the newness of remedy and because of the attending circumstances.

In December, 1912, scarlet fever was very prevalent in Chicago and as a result many institutions in the north end of the State, had an outbreak of this dreaded disease. I was told that Glenwood, Feehanville, the Juvenile Home, the Parental School, the Illinois Industrial School for Girls, besides the State School for Boys, were all in trouble at the same time with scarlet fever.

In passing, it seems opportune to comment on the fact that quarantine may have been maintained for too short a period in Chicago or that the final clean-up of scarlet fever patients may have been efficient, otherwise would this State of affairs obtained?

I note that some health authorities are inclined lately to take the stand that the period of isolation need not be so prolonged as was formerly judged necessary. Some even stating, that it is doubtful if the desquamation from scarlet fever patients is infective.

This view seems to be erroneous and certainly does not agree with the experience of many physicians. I can cite several cases in private practice where children have escaped the contagion, even if in family, close proximity to sick or convalescent scarlet fever patients, but have promptly contracted the disease, after handling or wearing some articles which the patient has handled during convalescence, several weeks after the subsidence of the acute symptoms.

The laxity of municipal health boards is certainly to be deplored in releasing patients from quarantine, sometimes in mild cases as early as the second or third week.

I have observed cases in which desquamation does not start until the third week, while others have persisted into the eighth week.

The resultant effects of this laxity or misinformation, the burden of physical and mental suffering, the injured kidneys, destroyed ears, loss in time and money in the second crop of cases, to say nothing of an occasional loss of life, should be food for thought for these gentlemen who look on a short period of quarantine complacently.

When the first cases appeared at the State school, we immediately recognized that we were confronted with a serious situation, inasmuch as we have a population of over 500, most of whom were susceptible to the infection.

We had no isolation hospital immediately available, so we started in to quarantine the general hospital and it was several weeks before we could shift around to empty one of the cottages for a scarlet fever hospital. After that we sent the suspected cases to the general hospital for observation, until we could make a positive diagnosis.

Then it certainly was no easy matter to keep the cases of tonsillitis, which was at that period of the year very prevalent, separated from the cases of scarlet fever. Also, where we had exposed a case of tonsillitis, it had to be kept quarantined, until the period of incubation had expired.

To add to the difficulty, the State school harbors many colored boys. It was a hard problem, as I have ever met, to make an early safe diagnosis in a scarlet fever epidemic, among colored children. We had no histories that we could positively rely upon. If the boys could have been sure whether they had had the disease, it would have saved many an anxious hour.

The fever struck us when the school was so crowded that some of the boys had to sleep on the floor on extra mattresses. In some cottages forty odd boys slept in one dormitory. Generally, it seemed as though the cases were possessed to come down in the night and in the morning forty boys had slept in a room with a boy, who was down with the fever.

The food all comes from one kitchen and the clothes go to the general laundry. Boys from the various cottages use the same books in school and work together in the various departments.

I merely cite this situation to show that we were up against it, hard when we turned to the vaccine as an aid to stamping out the trouble.

Dr. Norbury and Colonel Adams our superintendent gave us a free rein and every possible assistance, not stinting at expense or trouble. Every known measure of prevention was of course, utilized. Every bit of clothing was soaked in kresso solution, before it left for the general laundry. We used barrels of formaldehyde in fumigating and followed up every new case with a cleaning up of the boys beds and all his belongings and his entire cottage was fumigated. Also, when they would be taken sick in the laundry, or at school, men were on the job at once to thoroughly fumigate and scrub.

In spite of these precautions, new cases appeared regularly and in a severe form. One boy died on December 31st, and another New Years day. A few days later, we lost another. The cases were severe, the nurses became accustomed to a temperature of  $105\frac{1}{2}$  and 106.

Two of the boys who died developed the hemorrhagic form, with a severe angina. This was the situation, when I turned to scarletina bacterin as a possible aid, during the first week in January we started by vaccinating ten boys and watching them for a few days, being a little fearful of the reaction. After a few days, no bad results occurring, fifty more were vaccinated. These were the smallest boys, they being deemed the most dangerous cases. Then with the consent of Dr. Norbury, I called in Dr. Van Patten of St. Charles and we started in to give it to all the boys and to the officers children.

Only about 100 doses were obtainable, at a time, so it was a couple of weeks before we could even start with the largest boys.

Scarletina vaccine is a bacterin recommended by the manufacturers to be given in three doses at seven-day intervals.

The first injection is of two hundred fifty million dead germs. The second is five hundred million and the third is one thousand million. We got some reaction with the bacteria. It varied, of course, with the individual. This was exhibited as a slight rise in temperature or nausea or both.

On one occasion, by mistake, the third dose was given to two boys, instead of the first. Boys about thirteen or fourteen years of age. Neither showed any bad effects. But a third boy, who heard the talk and thought he also had received a maximum dose, was faint, vomited and was taken to the general hospital. The next day, by counting up and referring to the record kept on every boy's box of vaccine, we found the truth, that he had not received the third dose at all.

Following this, we shortened the interval, between doses down to four or five days and I believe it is permissible where there is much danger of infection. During the first of January, cases were coming down one to four a day.

We started giving the vaccine to the cottages containing the smallest boys first, where the cases were coming from and the danger the greatest, and worked up.

In a couple of weeks, it appeared that there were fewer cases occurring in these cottages, but it was breaking out in the cottages, the next size larger. We seemed to be shoving it ahead of us.

I have the records with me of the dates of these vaccinations, also a record of the cases, as they appeared and the cottages they hailed from.

By the fifth of February Dr. Van Patten had vaccinated all but one hundred of the largest boys and the cases suddenly started up. There were only three in February, two in March, one in April, none in May, two in June and one in July. Forty-two cases in all, with three fatalities. No deaths occurred after the middle of January.

Critics might claim that this was a coincidence or that other measures were at length, becoming effective. I have, however, formed the following conclusion, from a careful study of the trial:

Scarletina bacteria is a harmless and fairly efficient aid in the prevention of scarlet fever. As to the harmlessness, we gave fifteen hundred



injections to five hundred boys with no untoward symptoms, sufficient to cause the slightest alarm.

We had only two local infections. Even the maximum dose given, at the start, proved harmless. Very little of the erythemas occurred, such as are common after the administration of diphtheria antitoxin.

As for efficiency, I would class it nearly on a par with smallpox vaccine. Not an absolute preventive, but relative. Also, I judge that it somewhat modifies the severity of the disease, where it does not prevent. Certain care should be taken not to administer it to children, who are coming down with the diseases, at is would, no doubt, increase the toxemia.

The first dose is not of much force, but the second and third must be given before minimity can be hoped for. I repeat that I believe equally good results can be obtained and that more promptly, by giving at four or five day intervals.

Probably the size of the dose might be increased over that recommended by the manufacturers, for children over ten years of age.

A word in closing, as to the theory. It is hardly to be claimed that the bacterin is obtained from the specific germ of scarlet fever. It is a streptococcus culture obtained from the throats of scarlet fever patients.

I submit that possibly so called scarletina—a mild disease is the true form of the sickness and that the malignant cases are cases of mixed infection with the streptococcus, the factor guilty of causing the grave symptoms.

The period of iminimity is as yet unknown. From the nature of the action of bacterin in other diseases, we can, at least, hope for a much longer iminimity than is obtained from diphtheria antitoxin, as the resistance is built up in the system of the individual and not a transitory visitor, as with an antitoxin.

## THE USE OF FARADISM IN HYSTERICAL CONDITIONS WITH REPORT OF CASES<sup>1</sup>

[By A. G. Wittman, M.D., Staff of Elgin State Hospital]

Faradism has long been used as a suggestive and persuasive treatment for the cure of various hysterical symptoms.

I purposely use the words, "cure of symptoms," believing that rarely, if ever, is the patient relieved of that peculiar, underlying mental trend, the hysterical temperament which prevents an hysterical individual from reacting normally to some conditions in his environment. Much, however, can be done to relieve hysterical patients of such symptoms as incapacitate them and render them a care and burden to themselves and others; particularly the various paralysis, astasia-abasia and hysterical aphonia and anorexia.

In treating these cases, I have used a portable coil made to my design by Mr. George Tait, an expert mechanic, a patient at Elgin State Hospital for several years. The coil does not differ from ordinary ones, with the exception that it is provided with four dry cells and, if needed, delivers a very strong current, a necessity in the treatment of some cases, for example, Case No. 2.

Before applying faradism for the relief of my symptom, one must differentiate organic disease. Treatment is begun by gaining the confidence of the patient, explaining in simple language the functional character of the symptoms, that the current is being applied for treatment and will be diminished and, eventually, discontinued as improvement results.

It is impracticable to give rules regarding the strength of the current and the frequency and mode of its application; these will vary with individual cases and suggest themselves as treatment proceeds.

<sup>1</sup> Read before Illinois State Hospitals Medical Association.

A great part of the success of the treatment depends upon the personality of the physician and of the attendants and nurses. The latter should be chosen with care, instructed regarding the functional nature of the symptoms, and can greatly assist the physician by properly and timely-made suggestions to the patient.

I have four cases to report. One case of complete hysterical anorexia, tube feeding necessary for seven months.

One case of hysterical aphonia, two months' duration, in a colored man, in whom I was unable to find any psychosis other than simple mental defective, after he had regained the use of his voice.

Two cases of astasia-abasia. One of about two and one-half years' duration in a male patient, suffering from involuntional melancholia; one in a female case of hysterical insanity, nine years' duration, with a remission of one month under treatment occurring five years ago.

#### CASE NO. I—M.M.

Female; age, forty. Presenting ideas of persecution against relatives; a tendency to play the role of a martyr. Will not discuss delusional ideas. No hallucinatory experiences, deterioration or dementia demonstrated. Orientation, unimpaired.

This case was provisionally classified as one of paranoid dementia praecox. Ward notes in this case are much alike and their substance consists of the fact that it was necessary to mechanically feed this patient twice a day for about seven months, or from January 20, 1912, until September 30, 1912. Patient refused, absolutely, to eat. On a number of occasions, without food for four or five days, but she would not eat of her own volition.

September 16, this patient was presented before the staff in the presence of Dr. H. Douglas Singer, Director of the State Psychopathic Institute and diagnosis was revised to one of hysteria and faradism suggested to overcome the anorexia.

On September 30, the patient was given an application of faradism, particularly to the neck and face, for about five minutes, and told that if her appetite did not return the treatment would be continued and the current strengthened. When the patient was asked to submit to the second treatment, she readily consented to eat. Was given solid food and ate the same and has continued eating of her own volition since. At the beginning of a diet treatment, the patient's weight was 91 pounds. October 21, the patient weighed 114 pounds, an increase of 23 pounds in weight.

#### CASE NO. II—W.E.

Was admitted to the institution on August 9, 1912, and I read the summary of his mental and physical examination made at the time of his admission by Dr. C. R. Bell.

*History.*—No information received. Age, 25. No address of friends or relatives. Occupation is not known.

*General Appearance and Manner.*—This patient since admission has always been quiet. He sits in one place all day, except when out on the lawn with other patients and then he keeps to himself. Sleeps quietly at night, giving no trouble. Has not been restless or agitated. Has shown no peculiar movements or stereotyped actions. Has been eating meals regularly; appetite is good. Has refused to speak; has not spoken since being here; did not speak at the Detention Hospital prior to coming here except to tell his name. Is careless about his personal appearance. While the above is being dictated, patient sits in a chair, hands in pockets, and head thrown forward looking at the floor. Once broke out laughing without any reason. Once or twice, was noticed to frown, and his lips move occasionally, showing expression of a sarcastic type, which strongly indicates he hears and understands all that is being said and at times the facial expression appears as though he was about to laugh.

*Mental Stream.*—Patient looked up in a questioning attitude once, but did not answer. The only response to questions is a slight change in his position while sitting in the chair. He obeys commands, and does what he is told to do, showing no psychomotor retardation. While doing this, he smiles in a silly manner. No response to questions concerning his family. Q. How old are you? (Refuses to tell his age.) Patient gets on the scales, but refuses to weigh himself. He looks at weight but refuses to tell how much it is. Patient writes his name, his age, twenty-five years, and his address. While he is writing, he laughs and smiles to himself as though he knew what he was doing. Patient refuses to write anything further.

*Physical.*—Patient is a well developed colored man, free from organic diseases of any kind. Nervous system is negative. Pupils and reflexes are normal. He can hear as he will carry out commands. His inability to speak is due to his mental and not to his physical condition.

*Conclusions.*—It is impossible to test the insight, memory and emotional state of this patient at this time, owing to his inaccessibility. He does not appear to be clouded mentally. He appears to be taking in what is going on about him. He is able to write his name and address without showing any retardation; he executes other movements which involve thinking and acting without retardation. This, I think, eliminates the manic-depressive group. He has presented outbursts of silly laughter, carelessness of personal appearance and marked mutism. No cataleptic symptoms so far observed, but from what symptoms presented, I think there is sufficient evidence to diagnose him, provisionally, as dementia praecox, katatonic form.

Patient was presented at staff meeting and there was much difference of opinions as to the diagnosis in the case. He was provisionally classified as katatonic dementia praecox.

The following notes were made in this case following presentation: "September 1: There is no change in the attitude of this patient. He still refuses to speak, and is not eating very well. September 18: No change in this patient. Still refuses to speak. Keeps to himself all the time. Is quiet. Gives no trouble. Eats fairly well. October 7: Continues in good physical condition. Eating and sleeping well. Mute. Shows little interest in his surroundings or personal appearance. October 10: Treated with faradism. Required current of three cells before patient consented to talk. Has been talking since treatment and his answers show he has not been disoriented. October 14: Continues to answer questions and, from examination, I am unable to find any deterioration or dementia. He is interested in his surroundings and pays fair attention to his personal appearance. Only attained fourth grade in school at the age of fourteen years. Probably is mental defective. Working with gravel gang; doing good work; wants to go home. (See letter.) Is unable to give explanation for his mutism. Says, 'I don't know.'" (Fig. No. I shows photo of patient at work.)

#### CASE NO. III—C.L.

Admitted to the hospital February 16, 1909. Age, thirty-eight years. Occupation, laborer. Native of Switzerland. Thirteen years in the United States. Education, common school. Religion, Catholic. His family history is negative. He had no previous attacks of mental trouble. Present attack began January 20, 1909. Began to have peculiar delusions. Thought people were going to do him bodily harm. Became very restless and would wander around after dark.

Physical examination was negative.

Patient is quiet and depressed. Expression is one of depression. Orientation and memory are good. Mental process is slow, but there is no true retardation. Has worried because of things he has said and has asked to be forgiven.

Ward notes are as follows: "February 18, 1909: Quiet and depressed. Sits quietly with expression of sadness on his face. Says he is very sorry for things he has said and done and is willing to go down on his knees



and ask the pardon of anyone he has injured. Eating and sleeping fairly well." May 15, 1909: Still depressed. Will stand or sit staring ahead with an extatic expression. Sits at the table and will not eat until food is placed in his mouth, when he will begin to feed himself. March 1, 1910: Lies quietly in bed. Seems somewhat less depressed. Does not cry so much. Eats and sleeps well. July 1, 1910: Lying quietly in bed. Cries and moans. Does not speak. Appetite is very good. September 10, 1910: Crying a great deal. Says his blood has all turned to water. December 18, 1910: Cries and moans to himself. Believes that his is a hopeless case. March 6, 1911: Still cries a great deal; has committed great sins. 'Had illicit intercourse with a young woman in Switzerland fourteen years ago.' Is in bed. Claims that he is unable to walk or stand. March 18, 1911: Somatic delusions—he has no lungs—cannot live long. April 24, 1911: On thyroid-gland up to 20 gr. three times daily. Skin quite moist. Heart slightly rapid. No mental change noted. September 16, 1911: Is quiet when no one is around. Lies on or under the bed most of the day with a rag around his forehead. When he hears footsteps, he begins to breathe heavily, groans and moans, 'I am going to die.' Says that he is unable to stand or walk. December 14, 1911: Lies on the couch all day long with a rag tied around forehead. When being watched, constantly moans and sighs. Takes deep breaths. Says he is going to die. Eats and sleeps well. Claims he is unable to stand or walk. January 12, 1912: Patient spends most of his time in the dormitory on the floor. When the physician enters the ward, he groans and holds his side as if in bodily pain. Careful examination does not reveal any physical disorder. October 3, 1912: Began faratic treatment today. After the first application, patient dressed himself, the first time in months, drawing the physician's attention to the fact that his vest and coat were too small and could not be buttoned. Is able to stand and walk without assistance."

This patient was given five applications during a period of about a week. His gait rapidly improved so that he could run a swab and go out walking with the ward. He dresses and undresses himself. Pays fair attention to his personal appearance. At the present time, is working with the lawn men and does good work. Still has self-accusatory delusions, but seems less depressed than before treatment was instituted. (Fig. No. 2 shows photograph of this patient after treatment.)

#### CASE NO. IV—M.F.

Female, age, thirty. Nationality, Jewish. Occupation, stenographer. Admitted to the hospital in December, 1903. Diagnosis, hysterical insanity.

The interrogatories state that the patient was troubled with tonsillitis three or four years previous to her present illness. As a child, healthy and robust. Present illness: Complains of not being able to walk and is always moaning. Two years ago, was sent to Mt. Clemens for baths. Has been treated at Dr. Gunn's Sanitarium and also at Lake Geneva. Duration of the present attack at time of admission about three years.

The notes in this case are very voluminous and I read only such as will show the general mental attitude of this patient. "December 30, 1903: The patient is hypochondriacal; is hysterical. Complains of intense pain all over the body and thinks that she cannot walk. Claims her legs are paralyzed. Thinks the doctor gave her chloroform and caused her present condition. January 3, 1904: Hysterical and hypochondriacal. Disseminated areas of anesthesia over the body. Imagine she cannot walk. Complains of a pain in her head and chest and says she has been badly treated. Claims the doctor is the cause of her trouble. Confined to bed. Fed by persuasion. January 10, 1907: Examined physically; no findings. Complains of mistreatment by nurses. Complains of headache of a most severe type. Pain in right side. Unable to stand or walk. January 20, 1907: Shows marked gaseous distention of abdomen for the last three days. Marked protrusion of the abdomen especially over the epigastric region,

more so to the medium line of the epigastric. Does not react to treatment well. Gaseous eructations. Complains of the usual amount of pain and in the same region. 'Top of head draws and cramps. Head feels hollow. Pain begins low down on the side of the abdomen and works up into my neck and oh, it is so drawing.' Still in bed. Complains that she is unable to stand or walk. May 8, 1907: Frequently soils herself. Complains of feeling badly at times. Fault finding. Eats poorly. Complains of stomach pains; can find no organic change. Much flatulency from time to time. We think she is swallowing atmospheric air. Complains of no attention. Refuses to talk when physician visits her; then when he leaves, recalls him. May 15, 1907: Operated; appendectomy and shortening of round ligaments. Came out of anesthetic nicely. May 26, 1907: Has been quite noisy for several days. Crying and complaining of pain, but I am unable after examination to find grounds for these except by reason of carious teeth. The legs are wasted by reason of disuse. No contractures as yet."

During the months of August and September, 1907, this patient was treated by Dr. W. H. Jacobs by the application of cold and heat to the spine, and gradually improved so that she was able to take regular walks with the ward, but still had to be fed. Unfortunately, in October, 1907, she suffered from tonsillitis which confined her to bed. Since this time, she has not been seen to stand or walk until faradic treatment was instituted about three weeks ago.

"October 26, 1908: Hypochondriacal. Peevish. Unruly. Physical condition, very good. Never gets out of bed or helps herself in any way. March 8, 1909: Complains and complains. Refuses to allow an examination of any kind—not so much as an examination of the pulse. Slight vaginal discharge reported. October 5, 1909: Cries and moans. Keeps her face covered in the presence of the physician. Objects to the room she is in because it is above the morgue. Throws herself over the bed and lies on the floor. Repeatedly returned to bed and as often goes to the floor. Attempt made to change her to a room now used by an attendant; refused by the patient. November 22, 1909: Noisy. Resistive. Resists all attempts to show her attention. December 23, 1909: Claims to have swallowed a pin. Thorough laryngoscopic examination, also palpitation, fails to locate it. Says J. K. (another patient) gave her the pin. This the patient denies. June 2, 1910: Continues to complain that a pin is in her throat. She claims to have swallowed the pin more than a week ago. Patient eats and sleeps as well as ever. Never leaves her bed. Claims she is unable to stand or walk. August 4, 1910: Has been greatly disturbed—demanding more medicine. Crying, swearing and screaming; throwing herself upon the floor. Has been quiet and more tractable the last few days. October 8, 1910: Quiet, but still complains of numerous ills from head to foot. Does not leave her bed. Claims she is unable to stand or walk. September 13, 1911: No change. Always complaining about her bodily ailments, as well as about her treatment. November 30, 1911: Patient would not co-operate in the psychoanalysis. Becomes noisy and disturbs other patients. December 11, 1911: No change. Is never satisfied. Craves attention. Writes many letters accusing those who have her in charge. October 7, 1912: Preliminary to being treated with faradic current, lower extremities were examined and there was found to be much atrophy of disuse, particularly in the legs. In testing the knee jerks, a feeble response was obtained. There was very little response on the part of the muscles to the first treatment. It took two cells before any response was obtained from the muscles of the legs, and then it was feeble. Following four or five applications, the response in the muscles of the limbs was very much better. The patient is up and walking on the hall, but still walks in a rather feeble manner—totters along and it would seem as if she would fall any minute. Most of her complaints have ceased; she no longer asks for medicines. Asks that the electrical treatment be discontinued. Patient remains quiet, causing no trouble. Was eating rather poorly at first, but now is doing better. The patient is co-operating and this is due to persuasive force of the current. October 18, 1910: Walking without difficulty

—to north gate yesterday. Makes her bed and cleans her room. No complaints at present, with the exception of the food." (Fig. 3 is photograph of this patient taken on the lawn.)

Fig. No. 4 is a photograph of a case of astasia-abasia several years' duration and shows position in which these patients spend their time when not in bed.

Fig. No. 6 is a photograph of same patient, showing marked atrophy of disuse of lower extremities found in these cases. This patient will be treated with faradism.

It has been my aim in writing this paper—prepared on short notice—to draw attention to a class of cases frequently seen in the State hospitals and to show that faradism, properly applied, leads to a great physical and, at times, mental improvement and lessens greatly the burden of these patients to themselves and to those that care for them.

I am indebted to Dr. Ralph T. Hinton, Superintendent of the Elgin State Hospital, for permission to read this paper and encouragement in the treatment of these cases, and to Dr. V. A. Bless, a member of the staff, for a number of photographs.

## OCCUPATION IN THE TREATMENT OF THE INSANE<sup>1</sup>

[By Charles Ricksher, M.D., Staff, Kankakee State Hospital]

"In reviewing the slender and inadequate means that have been employed for ameliorating the condition on mad people, we are lead further to lament the slower progress of humanity in its efforts to relieve them than any other class of the afflicted children of men." This was written about one hundred years ago by the first American psychiatrist, Benjamin Rusk. At that time the insane were just beginning to be freed from the chains which had bound them. Pinel and Tuke, in France and England had inaugurated a new era, and among the hospital men at least, new ideas were being formed as to the care of the insane.

The earlier psychiatrists emphasized the physical basis of the diseases and attempted to cure it by physical measures. Bloodletting, purging, emetics and feeding were the principle means of attack. A little later the moral, or mental side received attention and the discipline of the individual by means of punishment or by means of promises was attempted. Occupation began to be considered as of value in teaching control of the self and as a means of restoring health.

Prichard in 1837 reports several patients cured by means of occupation and exercise and quotes from a report of the Richmond Lunatic Asylum which states that out of a total of 227 patients, 130 are actively and usefully employed, viz., 18 in garden labor, 16 in spinning, 12 in knitting, 18 at needle work, 12 in washing, 16 in carrying coals, whitewashing the wards, tailoring and weaving and 12 in learning to read. This is a record that many modern institutions might envy.

Grissenger in 1845 writes, "of moral remedies, proper employment of the patient seems the most important. In healthy work, the innate desire of expressing and giving vent to its energies finds fullest satisfaction in the objective world; by constant occupation in forming materials, the thoughts and efforts engross the mind and withdraw it from empty longings and illusions of the imaginations; the feeling of success again prepares the way for expansive sensations and therewith self-esteem and confidence return. Therefore, a steady employment of the patient especially when voluntary, is rightly considered a decided indication of improvement and is frequently the commencement of recovery. Those employments are the best which keep the patient engaged in the open air, as all garden and field labor, which prove of great advantage not only to the lower ranks, who have been accustomed to daily toil, but also to the educated classes, owing to the peace-

<sup>1</sup> Read before Illinois State Hospitals Medical Association.



ful and soothing influences of immediate intercourse with nature. In chronic cases the learning of a new and agreeable trade will sometimes engage the attention in a most agreeable way."

In recent years the subject of re-education and the therapeutic uses of occupation have received especial notice and in the reports of various institutions it is not unusual to find that from 50 to 70 per cent of patients are employed. But this does not mean, although at times it insinuates, that all the patients are employed for the therapeutic value of such employment. In every large state institutions a greater part of the work on the farm, boilerhouses, laundry and kitchens is done by patients largely with the primary aim of reducing the cost of maintenance, and only secondarily for the sake of the benefit which the patient will receive by being employed.

In the therapeutic use of occupation the underlying condition should be kept in view constantly and a continual effort made to correct the defects in the mental sphere which are so evident. Meyer speaks of dementia praecox, the patients suffering from which disease forming the largest number of our chronic patients, in terms of disorganized habits. Judd speaks of insanity generally as a form of mental disorganization introduced in many cases by dissociation and settling into an abnormal reorganization. In patients who recover the associative activities return to the earlier state, in those in whom the condition is permanent the earlier forms of organization are not fully restored and a chronic dissociation results. But this State cannot be described in simple terms of dissociation, but rather in terms of dissociation with an abnormal association or intergration following upon the breaking down of the normal system.

From this view we can construct a theory of education which differs from that of the normal child in whom the experience which result in ideas are being gathered for the first time. In the chronic insane the ideas are present but are dissociated and the effect should be rather to train them to be associated in lines which are as nearly normal as possible. When one fully understands this principle the mode of attack must be studied with each individual. The dissociation is not the same in every patient and consequently the occupation or training suitable for one would not yield results with another.

La Moure in New York has shown what can be done with very demented, untidy patients with intelligent care and perseverance. He took a class of the most demented patients in the hospital and after much urging got them to form into line and march about the room, after a great deal of encouragement they were able to march and next they were taught to sit in chairs in orderly rows and listen to an instructor. They were then taught to answer questions by writing which they would do even when they would refuse to talk. The instruction then lead to dances and occupation with the hands, including basket weaving. Naturally all this took a great deal of time, patience and tact, but the end results amply repaid the instructor for all the trouble.

This method is valuable in training the very dilapidated patients but in the less demented types other means must be used. Every hospital has a great number of fairly quiet and tidy patients who sit about the wards and do nothing. The idleness which affects these patients is due in a great part to the conditions of the hospital. The English speak of an asylum dementia which is caused by nothing more than the interminable dull routine which is not broken by hope, ambition or the ability to create. This power of creation is inherent in every individual and all the natural instincts tend to force the individual into the creation of something new. When all hope is taken from one, the individual lapses into dreadful inertia which increases with the years.

Many of these patients after the acute disturbance at the beginning of the disease has passed are willing and anxious to work if employment of an agreeable kind is given them. Many who will not work in the kitchen or bakery will do fancy work or light employment, they can easily be lead into the habit of doing work which will keep them occupied for the greater part of the time. One must always keep in mind however that the employment

given is one that will entertain as well as occupy. If the work becomes monotonous the tendency is always to drop it and in hospitals for the insane this is of too frequent occurrence.

Entertainments which the patients themselves arrange often lead to an interest in work which is not dropped at the conclusion of the diversion but may lead into other channels. Dancing, and especially folk dancing, has been of great value in stimulating one type of the chronic patients.

In the practical application of occupation the improvement of the patients' condition should be the primary aim. The money which can be made by the sale of his creations and the money saved by his work should always be secondary. Too frequently, even where the therapeutic uses of occupation is most firmly urged, this is forgotten and the aim is rather to produce something which will sell rather than something to occupy the patient and interest him. If the articles which are made have a pecuniary value and can be sold or used in the institution so much the better but great care should be used in the sale of these articles not to inculcate in the patient the idea that he is turning out work for which he receives no recompense.

To aid the patient the physician should know what his condition is, how far he is disorganized and what occupation is suitable for him. For this is necessary physicians who have insight into the mental disease and who can use the information which they have collected in their examinations. The instructor should be temperamentally a teacher and in sympathy with the effort to aid these patients. The instructor should be able to watch the patient, able to tell whether the occupation is of value to him, whether his interest is lagging and if so transfer him to other work.

In introducing therapeutic occupation into an institution one has to surmount many obstacles. The routine is to be disturbed a little and this is bitterly opposed by the hospitalized attendant. The resistance shown can be overcome however by the use of a little tact and firmness. It can be pointed out that the more the patients work the less trouble the attendants will have with them, the ward work will be easier and the routine will run more smoothly. In the patients who have been in the hospital for some years one meets with certain objections, which have to be overthrown. One patient says, "The work I do is sold for the benefit of the amusement fund. I never go to the entertainments and I object to them on religious grounds," "My husband did not send me here to work; he sent me here to be treated," "I didn't come here because I wanted to and I am not going to work." These are samples which show what one meets. Some of them do take to work from the very weariness of their idle life but this is not a motive to be relied upon for in other cases the love of idleness grows by indulgence, until all inclination to work disappears. To meet these objections one should point out that the way out of the asylum lies through their ability to take care of themselves which can only be shown by their actions and their work. Rewards of various sorts are of great value. With the women a new dress or ribbon, a bit of candy, even the privilege of picking out cloth for a dress and having it made in the sewing-room have been of great help. For the men an addition in the diet, an extra allowance of tobacco, quiet quarters have been used. In some of the English as well as in some American institutions the patient receives certain metal tallies which pass as currency in the institution storeroom. They may be exchanged for tobacco, writing paper, candy, fruits, etc. Mercier recommends that the face value of the tallies be kept low so that a patient in a week could earn a number of them. He would probably value a large number of them by which he could buy a larger variety of commodities, than a smaller number of the same aggregate value.

The time the treatment should begin and in what types it is most beneficial are rather important points. In the acutely disturbed, in the stuporous conditions and in the very depressed, retarded or agitated patients the field is limited. Some of the excited patients can work and do very well but in the hypermanic conditions the mental state of the patient precludes any attempt at employment. As soon as the patient improves, however, to a point where his thought can be concentrated on what he is doing, occupa-

tion of some kind with exercise in the open air is especially valuable. In the convalescent states of practically all the psychoses occupation is indicated and aids the individual in returning to his normal condition.

In dementia praecox occupation is indicated as soon as the acute outburst has passed and before the inevitable mental deterioration is established. It should be at first fairly mechanical but passing into more complex work as soon as the patient is able to perform the intricate employment. In this way as soon as one habit is formed another is taken up and the individual's disorganized mentality is lead to as nearly a normal state as is possible. It is to be kept in mind that habits do not develop in all their stages at a uniform rate and that a rapid improvement may be followed by a period of slow development which gives way to periods of rapid growth.

The occupation selected for an individual should be suited to his intellectual ability, his normal as well as to his present intellectual level. This may permit only of the most simple calisthenic exercises, dancing in groups, as in folk dancing, or only the most elementary routine work. In other cases the more complex basket weaving, rug weaving, embroidery, making paper flowers, etc., may be started at the onset.

The number of occupations from which one may choose is a large one and includes the kindergarten dances, marches, folk dances and games of various kinds. The employment varies according to the sex. For the women we have the tearing and sewing carpet rags, hemming tea towels and window curtains, fancy work, such as embroidery of varying degrees of complexity, stenciling, basket work, bead work, and even the more difficult employments as painting china and book-binding.

For the men the simplest occupation is that of picking hair for mattresses. Then the varying degrees of farm and garden work, work in the shops or grounds. In one institution the men were formed into a carpentry class and repaired all the old furniture in the institution. They may be taught to paint and put to work painting the beds.

All of these forms of occupation may be made profitable but the profit side should not be emphasized. It does not require a large outlay of capital to institute them but it does require a great amount of time and careful supervision. Without this last one will see in a very short time that his class in occupation which started off so enthusiastically dwindles and fades. As one of my patients who has been instructing the other patients said, "They start off well but the interest soon fades." The instructor will find that this failing interest is one of the most significant symptoms which arises and to counteract it will require all her ability.

The objects which the patients make should be useful and at the same time as beautiful as possible. The instructor should endeavor to train the patients who often time have only the most elementary ideas of color and designs, into discriminating between the beautiful and ugly. This will be of a distinct advantage when the patient leaves the hospital and will repay any effort made. It requires as much labor to make a basket in which there is a decided lack of harmony in the colors as it does one in which the colors blend, and if the objects are offered for sale those which are pretty will bring a greater price even if the workmanship is not so good.

In concluding we may compare the objections to and the benefits derived from supervised occupation. The principle objections are (1) cost of material and instructors, (2) interruption of the routine, (3) the lack of benefits in the method. The first objection is easily overcome; the cost of the material which must be purchased is slight and the sale of one article will pay for more than enough material for ten articles. One skilled instructor is required to supervise the groups but the attendants and patients may be taught to aid in the teaching and good results achieved in that way. The second objection really has no foundation. In the majority of hospitals the routine is deadening and anything which will break it should be hailed with delight. Some men hold that the only real exercise needed in the insane is rest. This is probably true in some acute conditions but where the disease is wholly mental and the patient is physically sound for many this objection has no weight.



The benefits to be derived are, (1) the employment of a large number of patients, either as participants or spectators, in some occupation which causes them to be less introspective, (2) the breaking up of a day full of monotony and from which all hope and ambition is removed into one which, for several hours at least, the individual has some real reason for existence, (3) the re-education of patients and the training of habits which will permit them to go out into the world and lead a more or less self sustaining life. If one chronic dementia praecox patient can be so trained that he is able to support himself outside a hospital the State is saved more than the salary of an instructor who may be able to teach others.

The therapeutic use of occupation is not a panacea. Not all the patients who are capable of being taught can be educated to a point where they can be self-sustaining but if used rightly occupation will turn our large institutions into real hospitals and not large boarding houses where the insane are restrained. The idea has been gaining ground rapidly in the last few years and in a short time we may say to paraphrase Conolly, "lack of systematic occupation in an institution for the insane is synonymous with neglect."

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### HYDRIATIC PRINCIPLES<sup>1</sup>

[By J. H. Kellogg, M.D., Superintendent of the Battle Creek (Mich.) Sanitarium]

Historically, hydrotherapy is the oldest of all curative measures devised and applied by man, but practically it is one of the newest to be recognized by scientific medicine. Like most other reliable remedies, its value was first determined empirically. For thousands of years the bath, the clyster, water drinking, and other simple hydriatic applications had been in common use by the laity for numerous affections, in a desultory and more or less imperfect manner, when in the early part of the last century there arose in Austrian Silesia an illiterate peasant who organized these methods, with many others of his own invention, into a system which possessed such curative power that patients were drawn by thousands from all parts of the civilized world. The slow ocean travel of those days did not prevent many from making tedious journeys from this country and even from the South America to seek at the hands of this uncrowned king of therapeutics, the relief which they had sought in vain from all other known sources.

Priessnitz was not a charlatan. His work was subjected to the sharpest medical criticism by medical commissions appointed by various governments. Many medical men, including army officers, carefully studied his methods and openly published their approval of them. After years of opposition, he was finally recognized and officially authorized to conduct his work, which today is standing a monument to his genius, and is conducted by a worthy successor, a well-qualified and scientific medical men. The work of Priessnitz has served as a model for all who have come after. It was necessarily defective, because empirical, but it was a great step in the march of progress, and it was a stepping-stone to greater and better things which have followed. It was the beginning of physiological medicine, which now embraces so many important and varied branches. At first, dietetics, exercise, sun-bathing, air-bathing, massage, and gymnastics were all included under the head of hydrotherapy; but the scientific study of the physiological and therapeutic effects of these rational agents has led to their differentiation and classification, so that now we have phototherapy, kinesitherapy, climatology, dietotherapy, and many other therapies based upon the use of natural forces and agents, as well as balneotherapy and hydrotherapy. This is the result of the natural evolutionary process by which most great truths are developed.

The basis of hydrotherapy, indeed of physiologic therapeutics in general, is the great truth expressed by Dietl, the renowned pupil of that great medical genius, Rokitansky: "Nature heals; this is the first law of thera-

<sup>1</sup> Read before Illinois State Hospitals Medical Association.

peutics. Nature creates and maintains, therefore she must have power to heal."

The more recent studies of the blood and its functions by Metchnikoff, Ehrlich, and others who have followed them, have shown that it is through the agency of this most wonderful of all the tissues that the healing process is chiefly carried forward. In other words, "it is the blood that heals." Hence we must look for definite and positive curative results to those agents which are most capable of favorably modifying the quality of the blood, and controlling its distribution in the body. A recognition of this fact is a recognition of the paramount claims of hydrotherapy at the most potent and most nearly universal of all therapeutic methods. There is no other agent known whereby the constitution of the blood and the blood supply of the tissues at large and of individual organs, can be so certainly, so powerfully, and so readily modified, and in any desired direction, as by the scientific application of hydiatic measures. The methods of Priessnitz were in some respects crude, and his system was certainly empirical, but his work was efficient, and his procedures still form the basis of practical hydrotherapy everywhere, as is graciously acknowledged by Winternitz, who easily stands at the head of living scientific investigators in this line.

Schuller showed (1874) by experiments upon trephined rabbits the following interesting facts in relation to the effects of thermic applications upon the brain:

1. Water at neutral temperature (92°-95° F.) applied directly to the brain produced no effect.
2. Ice applied to the brain coverings caused contraction of both veins and arteries, the contraction continuing for a short time after the withdrawal of the ice.
3. Ice applied to the scalp caused contraction of the cerebral vessels when carried to the point of producing general chilliness and shivering.
4. A cold compress applied to the spine and abdomen or a cold full bath caused instant dilatation of the cerebral vessels, lasting from three to ten minutes, then giving place to contraction.
5. Hot compresses or a hot full bath caused contraction of the cerebral vessels, later followed by dilatation.
6. Cold and warm applications applied to a nerve trunk produced an effect exactly opposite to that produced by the same applications made to the skin; that is, a cold application to a nerve trunk caused contraction of the cerebral vessels, while a warm application caused dilatation. Unquestionably the same effects, which are evidently reflex in character, occur when the sensory nerves of the skin are influenced by thermic applications, but they are overwhelmed and quickly wiped out by the mechanical dilatation of the cerebral vessels, resulting from the elevation of blood pressure and the displacement of a large quantity of blood toward the center of the body through the contraction and partial emptying of the vessels of the skin.
7. A heating compress or moist trunk pack of three hours' duration caused, first dilatation, then contraction of the cerebral vessels and bulging of the membranes from the accumulation of lymph.
8. Pinching the skin produced the same effect as hot applications.

These interesting experiments, which have since been confirmed by observations made upon a man whose brain had been exposed by accident, laid the foundation for a scientific therapy of the brain, which has received far less attention than it deserves at the hands of medical men. These experiments show most clearly how cerebral congestion may be successfully combated by properly managed applications, and explains the relief afforded in insomnia by the moist girdle and the tonic effects of the cold douche.

Extensive experimentation by a large number of investigators, including Brown-Sequard, Paul Bert, D'Arsonval, Ziemssen, and Mosso, as well as Winternitz, Strasser, Wertheimer, and a host of others who have devoted a large part of their time to these studies, has finally placed each hydiatic procedure upon a strictly scientific basis, so that at the present time, hydrotherapy presents a whole series of varied and perfectly graduated measures, each of which may be applied under the guidance of accurate diagnostic means with utmost precision in therapeutic use, and with a certainty as

regards results, in cases not utterly hopeless, such as can be obtained by no other means.

Hydrotherapy is termed a natural or physiological method, because it employs natural agents or forces and those which are constantly serving us in the maintenance of health. The sick man differs from the well man only in the fact that his organism is struggling under embarrassment. The natural bodily defenses are unable to maintain normal equilibrium. Hydrotherapy comes in with its powerful thermic impressions to reinforce and strengthen these defensive efforts, thus enabling the body to restore the normal equilibrium, which is health. In accomplishing this, a large number of hydiatic procedures act through impressions upon the temperature nerves of the skin, by far the most sensitive and most remarkable of the cutaneous nerves. Cold applications stimulate the cold nerves, and hot applications the hot nerves. Each of these sets of nerves has its own widespread net-work of reflex relations with nerve centers and through them with the internal parts and functions of the body. Every portion of the cutaneous surface is connected reflexly with some special internal part. The skin has, by experiment upon animals and men, been very accurately mapped out into vascular areas which are so closely related with corresponding internal areas that changes induced in one of these external areas produce instantly a corresponding change in the internally related area. A cold cloth applied to the face contracts the vessels of the face and reflexly contracts the vessels of the congested brain, and so affords relief. Cold applied over the heart instantly energizes the cardiac muscle in precisely the same way. The skin overlying the stomach, the liver, the bowels, the bladder, and other pelvic organs, is in the same relation to them, and affords opportunity for producing excito-secretory as well as excito-motor effects. Very short and very hot applications produce similar effects by exciting the heat nerves; but warm or moderately hot applications produce the opposite effects. Thus we may either excite or depress the function of any internal part by a simple application of water, provided only that we make the application in the right place and of the right temperature. Thus we may restrain excessive activity, as when we apply heat over a cramping muscle, a fomentation to the abdomen in intestinal colic, for example; or we may increase activity to almost any desired extent by short cold applications, or alternate hot and cold applications, the most stimulating of all known exciting measures. Nothing will so quickly rouse a patient from the profound and deadly stupor of opium or other narcotic poisoning, as very hot and very cold applications made to the spine in alternation at intervals of fifteen or twenty seconds. There are no means by which the patient suffering from surgical shock or collapse under anesthesia, can be so much and so quickly rallied as by this means combined with very hot or very cold friction of the limbs. One who has witnessed the almost miraculous awakening to life which often follows such an application will no longer doubt the potency of thermic stimulation as a quick restorative. The effect is obtained through the nerves, and does not depend upon the paralyzed heart and the stagnant circulation. As quickly as a nerve impulse can reach the spinal axis, traveling at the rate of 200 feet a second, the restorative work begins, and each change in the thermic revulsion sends a new reviving impulse speeding with electric rapidity to awaken the sleeping centers and arouse the liver, kidneys, and other defensive organs to a renewal of the struggle for life.

Short cold applications to the whole surface arouse every cell bath awaken every bodily function. Hippocrates employed the cold pouring bath with vigorous friction in sunstroke, and no better remedy is known today. Brand has shown that the cold bath is almost a panacea in typhoid fever through its wonderful power to increase vital resistance. He records 800 cases without a single death, and many thousands with a mortality of only 3 per cent. More than a century ago Currie used tepid bathing with equal success in scarlet fever, and Jackson used the same in yellow fever with equally good success.

Cold water is nature's antidote for fever. The cold bath not only lowers the temperature, but lessens heat production and increases the fighting



power of the system. By a combination of hot water with cold water, hydrotherapy has shown itself able to cope with all forms of fever and general acute affections, not excluding smallpox, malignant malarial fever, yellow fever, and the bubonic plague.

General hot applications fill the skin with blood and thus divert blood away from internally congested parts. Hence the value of this measure, as well as of large fomentations, in all cases of visceral congestion or inflammation. Hence the value of the hot bath or the hot blanket pack as a curative measure in acute gastritis, hepatic, renal, and intestinal colic, ovarian, tubal, and other forms of pelvic inflammation, acute spinal inflammation or congestions, and even in certain cases of acute pneumonia or pleurisy.

Samuels has shown, by experiments upon rabbits, that cold applications lessen the intensity of inflammatory action. Heat intensifies the process but shortens it, as everyone knows who has watched the effect of a poultice or of other hot applications upon a boil.

One of the most remarkable of all physiological facts is the influence of general cold applications upon the blood. Strasser has shown that cold application increases the alkalinity of the blood. This increases the oxidizing power of the blood and its defensive activity, the bacterial properties of the serum, and the migratory and phagocytic functions of the white cells.

First Thermes, then Winternitz, and later many observers, showed that a short cold bath accompanied by thorough reaction, marvelously increases the blood count. The total blood count may be increased as much as 30 per cent or more, and the white cells may increase 30 per cent. Modern researches show that leucocytosis is one of the means by which nature combats infection and many other impairments of the functional integrity of the body. Here then is a ready means by which to rally the defensive power of the body and to aid nature in her struggle against invasion of the vital domain.

There is no remedy which compares with short cold applications as a means of blood building. Brief general applications of cold to the surface by means of the cold mitten friction, cold towel rubbing, cold wet-sheet rubbing, the shallow bath, the cold shower or jet, powerfully stimulate the hematopoietic functions. It is to this influence of cold that sea-bathing owes its great value as a recuperative measure, rather than to the saline ingredients of the water, or any mysterious virtue in the odor of decomposing sea-weed.

In heart affections the influence of thermic applications far surpasses that of any drug. An ice bag applied over the heart energizes this organ at once, and in a most powerful manner. Within a few minutes, a rapid, feeble pulse may diminish fifteen to twenty beats to the minute, the diminution being frequently accompanied by a very marked increase in vigor. The application of an ice bag over the heart for half an hour three or four times a day is infinitely superior to digitalis, strychnia, or any other cardiac stimulant known. There is a toxic effect connected with all powerful cardiac stimulants which is cumulative. At the same time the system quickly acquires a tolerance for any one of these drugs, so that by the continued use, any good effect which they may possess is ultimately lost, while the injurious effects accumulate. The ice bag, however, acting reflectly, operates immediately, and as the nerve centers are strengthened through this action, its beneficial effect becomes more manifest day by day, so that the hundredth time the remedy is applied, greater benefit is derived than at the first application. This is a wonderful property, possessed by all physiologic remedies, and one of the great advantages of natural over artificial therapeutic agents.

Insomnia yields to hydiatic applications as to no other remedies. In hundreds of cases the writer has succeeded in securing healthful, natural, recuperative sleep in patients who had employed all the ordinary hypnotics not only without benefit but with actual detriment. The patient who has not slept for a week, will often fall asleep within a few minutes after being placed in a wet-sheet pack or a neutral bath. Dr. . . . . ., the late superintendent of the Kankakee Insane Asylum related to me a case in which the patient suffered from acute mania, and who required six attend-

ants to hold her—the worst case, he declared, that he had ever seen—who had not slept at all for more than a week, and in whom the ordinary hypnotics given in large doses failed to produce sleep. She was almost immediately put to sleep by means of a neutral bath and a wet-sheet pack; and in three months, by the continued use of these remedies, the patient was restored to health.

The hydriatric treatment of pneumonia has reduced the mortality of this grave disease from 25 to 30 per cent; to 5 to 8 per cent. The cold chest compress, the leg pack, the sweating wet-sheet pack, and other hydriatric measures skillfully applied, are most effective means of aiding the natural powers of the body in their combat with the invading microbes which are the exciting cause of this grave malady.

The principle of fluxion is one of the most useful and readily applicable of hydriatric methods. This method depends upon the fact that there is a direct connection between the cutaneous circulation and the vessels of all important internal parts. The vessels of the skin of the face and the scalp communicate freely with the arteries and sinuses of the brain. The vessels of the lungs communicate with those of the chest wall. The portal circulation is connected with the systemic at fully half a dozen different points, generally with superficial vessels. The pelvic vessels are directly associated with the vessels which supply the fleshy parts covering the hips and legs.

By hot applications these superficial parts may be filled with blood, and thus the latter may be diverted away from internal parts. This is the foundation of all derivative methods. By this means we may at will divert blood from the lungs, liver, stomach, intestines, kidneys, spinal cord, brain, pelvic organs, or any other internal part, or by cold applications opposite effects may be induced; that is, we may concentrate blood in parts which are in need of an increased blood supply. By alternate applications we may empty and fill any desired organ as often as we may desire, and may continue the process for an indefinite length of time.

By a combination of the fluxion method and a reflex application, most surprising results may be attained. This principle has long been employed in such simple procedures as the hot foot bath in combination with the cold head compress for relief of cerebral congestion. I have thought it useful to generalize the method, and find it a most efficient means of controlling visceral inflammation of every sort. In tubal or ovarian inflammation, we apply one or two ice bags over the inflamed part, which reflexly contracts the vessels of the inflamed tissues. At the same time we envelop the patient's hips and legs in a woolen blanket wrung out of water as hot as she can bear, wrapping her completely up in a dry woolen blanket so as to secure derivative action toward the skin. At the end of the fifteen minutes, or when the skin is well reddened, the wet blanket is removed, the ice bag remaining, and two towels are wrung dry out of cold water and applied one about each leg, enveloping the limb as completely as possible. Then mackintosh is applied over the towel (a newspaper will answer) and half a woolen blanket over all, so as to secure immediate and thorough reaction and warming up. The ice bag is replaced every hour for ten or fifteen minutes by a very hot fomentation. This is necessary to prevent numbing of the skin, which destroys the reflex effect whereby the inflamed vessels are made to contract. The hot application also relieves pain by a certain inhibitory or anodyne effect most grateful to the patient.

Appendicitis, as well as all forms of acute pelvic inflammation, readily yields to this procedure in 95 per cent of the cases in which it is applied early, or within the first twenty-four hours. In cases which are further advanced the results are equally marked, if not quite so certainly successful. I have had an opportunity to test this method in the treatment of a large number of cases of appendicitis, and have rarely failed to see the patient convalescent within twenty-four hours after the beginning of the treatment, and often in less than a quarter of this time. Usually, marked relief follows within an hour or two after the beginning of the application described. The special advantage claimed for this hydriatric method is, that it affords a certain means of determining whether or not surgical procedures should be adopted. If the case is one which demands surgical interference, little or

no relief will be afforded by the hydriatic procedure. If any relief is secured, it will be but temporary; pain and other symptoms will speedily return in spite of the treatment. From three to six hours' time will always settle this question, and if an operation must be ultimately resorted to, the patient will have been benefited by the treatment, and the way prepared for the operative procedure, so that better results may be secured than could have been obtained without the preliminary treatment. I should mention that in all cases of appendicitis, food by the stomach is entirely withdrawn. Large enemas are administered two or three times daily, and the patient's strength sustained by nutritive enemas consisting of malt, or malt honey, beaten egg, or malted nuts in combination, and with the addition of a little salt.

This method is equally applicable to all forms of visceral inflammation, an ice bag or two over the inflamed part and a general or large hot application followed by a large heating compress to each leg.

In the treatment of chronic disease, hydrotherapy is indispensable. In recent works on practice one finds acknowledgement of this fact on almost every page treating of therapeutics. "If the foregoing remedies fail," as they often do, "resort to hydrotherapy," is the expression constantly reiterated by such authorities as Olser, Anders, and other men of equal professional standing. The query naturally arises. Why not call in hydrotherapy at the start, when its superiority is recognized? The only answer is the lack of practical knowledge of technique. But this difficulty is daily growing less serious, and will disappear as the value of this great remedy comes to be more thoroughly appreciated.

My paper is already longer than I intended to make it, although I have only entered upon the discussion of my subject. I will conclude by a brief mention of the services which may be rendered by the hydriatic method in a number of the most common and obstinate chronic maladies.

In the cachexias the cold mitten friction and the cold towel rub increase appetite, improve elimination, strengthen the heart, improve the action of the skin, increase oxidation, improve vital resistance, and secure improvement in most unpromising cases, sometimes even in cases which seem utterly hopeless, as in cancer, pernicious anemia, and various forms of autointoxication.

All curable forms of autointoxication naturally yield most readily to hydriatic measures in combination with other physiologic means. The sallow, inactive skin which is characteristic of this condition is powerfully stimulated to activity by the electric light bath and sweating baths of all sorts, followed by short cold applications. The sweating pack followed by the cold wet-sheet rub, fomentations over the abdomen, cold towel rubbing, large enemas at a temperature of 75° to 80° administered daily, the wet girdle, cold mitten friction, copious water drinking, and, in fact, nearly all the forms of hydriatic applications, are helpful in these cases.

Chronic inebriety, the morphia habit, and all forms of drug addiction afford a splendid opportunity for the application of hydrotherapy. The lowered nerve-tone is strengthened by short daily cold applications. Alternate applications to the spine stimulate the weakened cardiac and vasomotor centers. The sweating bath affords an admirable means of preparing the patient for the ordeal of the withdrawal of the drug. The neutral bath and the neutral wet-sheet pack relieve, to a marvelous degree, the extraordinary nervousness and irritability which follow the withdrawal of the drug. I have, in other papers, described a method which I have for a number of years employed most successfully in dealing with these cases.

In obesity the hot bath will increase oxidation to the extent of one ounce of fat in fifty minutes. The cold bath will do the same. In diabetes the cold bath will burn up an ounce of sugar in twenty-five minutes. The hot bath will do the same, though less safely.

In pulmonary tuberculosis, hydrotherapy will diminish fever, cough, night sweats, and pain, and will increase appetite and strength, cause a gain in flesh and blood, and so increase the bactericidal property of the blood as to bring about the destruction of the invading bacteria and complete restor-



ation to health. The hydriatic method, coupled with an out-of-door life and proper feeding, will cure nearly every case of pulmonary tuberculosis if the case is taken in hand early enough. The daily cold bath and various local measures are required in this disease.

The sweating bath lessens hydrochloric acid formation and so helps in hyperpepsia and hypersecretion. The cold bath, if short, increases hydrochloric acid production, as does also the ice bag over the stomach before meals.

Hot baths burn up uric acid, and cold baths improve metabolism, so preventing the excessive formation of purin wastes.

In short, experience justifies me in saying that scientific hydrotherapy may be relied upon to increase vital resistance, the elimination of toxins, the destruction of poisons, the destruction and elimination of bacteria, leucocytosis, and oxidation, to excite nerve centers, to promote normal metabolism, to encourage blood formation, to regulate blood movement, to increase heat production when needed, as in collapse, and to increase heat elimination, as in fever.

These means may be equally relied upon to decrease heat production in fever, to diminish heat elimination when necessary, to discourage bacterial growth, to relieve stasis of the circulation, to diminish metabolism when excessive, and to lessen nervous irritation.

What other therapeutic indications are left to be met in the treatment of chronic ailments, which are not fully supplied in proper alimentation, an ample supply of pure air, and water as a beverage, and proper nursing?

I may be looked upon as an enthusiast, but I am willing to submit all my claims for hydrotherapy to the test of scientific criticism. After an experience of thirty years in the extensive use of this agent in all sorts of cases, chronic and acute, I am compelled to recognize in it the greatest and most useful curative agent which a kind Providence has placed at the disposal of the human race.

In this paper I have attempted only a very meager outline of the principles, methods, and applications of hydriatic measures, which I have endeavored to discuss in a comprehensive manner in my work on "Rational Hydrotherapy."

## A SECTION OF INSTITUTION ECONOMICS—COAL<sup>1</sup>

[By H. G. Hardt, M.D., Formerly Superintendent Lincoln State School and Colony]

Coal has been spoken of by the ancients as early as 300 B.C. in writings of Theophrastus, pupil and friend of Aristotle. The earliest record of coal in America is by Father Hennepin in 1679 when he described a site near the present city of Ottawa, Ill.

Fuel is as necessary for an institution's activity as oxygen is for the life of man. Coal is usually spoken of in two general divisions: anthracite and bituminous. In this section of the country we deal particularly with bituminous coal.

In 1902 the total output of the different varieties of bituminous coal amounted to 260,000,000 short tons, valued at \$290,858,483. In Illinois alone about 50,000,000 tons were mined in 1910. The bituminous coals all contain carbon, oxygen, hydrogen, and nitrogen.

Coal is undoubtedly the result of the transformation of vegetable matter, mainly wood fibre, by the partial elimination of oxygen and hydrogen giving rise to a substance richer in carbon than the original wood, the mineral matter being modified simultaneously by the almost entire removal of the alkalies and lime, and the addition of materials analogous in composition to clay.

<sup>1</sup> Read before Illinois State Hospitals Medical Association.

*First*—It is very essential to the finance of the institution to see that the weights taken at the mines are practically the same as when the coal is received at the institution. To provide for this, scales should be installed at every institution to weigh carload lots or less, and institution weights should govern. This gives in gross what the State agrees or is willing to pay for.

*Secondly*—It is important to unload this coal and place it in proper receiving sheds as soon as received. This is just as profitable as it is to shelter poultry or live stock. After its reception in the various protecting bins and sheds it is either stored or immediately consumed. Never store unless an emergency exists.

It might be stated that it is just as necessary to have a competent chief engineer to work out the economy of this department of the institution as it is to have a competent chief of the medical staff to scientifically supervise the welfare of the wards of the State. It goes without saying that different institutions receive different grades of coal; some lump, others run of mine, domestic, lump, nut, pea, screenings slack, wash slack, rescreened wash nut, and Pocahontas smokeless run of mine. These various kinds of coal are necessary, undoubtedly, because of local situations and the method of consuming the coal, that is, the kind of boiler and furnace at present doing the work of the particular institution.

The business-like method of open competition has given us the advantages of price and markets, the successful bidder securing premiums or penalties, according to quality furnished on B.T.U. basis.

Coal is used primarily to produce power; also for lighting purposes, for drying materials, heating buildings, etc. There are no by-products from coal in the production of steam.

Moistures present when mined. In shipping coal may be exposed to rain or snow or it may be dried out. It is common knowledge that the moisture in coal delivered is worthless to the consumer and usually costs him considerable money for freight. Coal should be delivered as needed. Ash may be so high as to render coal worthless. Sampling should be done with care. If the directions given by the board are carefully followed out, sampling can be made easy.

Have you ever stopped to think what produces the water pressure, steam and electric light of an institution? Or the usefulness of the various cooking, heating and ironing devices? The power-plant is the cor of an institution. You cripple it and you produce a peripheral oedema or rather an inefficient or poor circulation resulting in complaint by the various departments. Many factors must be taken into consideration. We who work and live without the power-plant must assist very materially those who work within, in the reduction of labor and fuel by acting as active, energetic agents in stopping the various bleedings, such as allowing unused water, hot or cold to escape, shutting a steam radiator valve when steam is unnecessary and by turning off incandescent lights, etc., when no longer needed.

A pound of coal contains enough energy to develop and maintain for one hour 5.68 h. p. As a commercial h. p. is the power necessary to lift 33,000 pounds one foot high in one minute, this pound of coal, could all its energy be utilized, would lift 186,450 pounds one foot high 60 times, or it could raise 186,450 pounds to a height of 60 feet. There is sufficient energy in this pound of coal to generate and maintain at their full voltage of 110 volts for one hour 70 incandescent lamps, yet if the power that drives a generator is derived from a first class engine, it is necessary to burn at least nine pounds of coal to maintain the light of 70 110-volt incandescent lamps for one hour. Under present practices on an average not 1 per cent of the energy of the coal is transformed into light.

One unite of heat is equivalent to 778 foot pounds of work. A pound of carbon coal contains 14,500 heat units. A h. p. is equivalent to lifting 33,000 pounds one foot high in one minute. Taking water at 32° fahr., and converting it into steam at 212° fahr., the first installment of heat in water is termed sensible heat. The total heat units absorbed by each pound of steam in raising it from water at 32° fahr., to steam at 95 pounds is 1,183.9

and the temperature of the steam is 334.35° fahr. The minimum amount of air required for the complete combustion of one pound of carbon practically is about 24 pounds.

Following the steam from the boiler to the engine, it is scarcely necessary to say that all pipes should be covered with a non-conductor of heat. As few elbows, tees and other obstructions as possible should be placed in the line, preference being given to long bends where necessary to make turns.

Smoke is unconsumed coal.

The appearance of black smoke from the smoking chimney is a signal of incomplete combustion. It should be attacked, not only because of dirt and depression in its train but because its emissions accompanied by that of gases which are detrimental to all living things and at the same time carry away much heat from the plant. When the smoke is dense it represents a loss of from a fifth to a third. Eight per cent of the coals used in the production of power, light and heat is going up the chimney each year in smoke—in vulgar parlance "Up the flue." The same useful,<sup>1</sup> beneficial economy of your private home life should be the rule and guide of your institution work. Who is the better able to study and assist in this work than the ward physician? No one. He visits the wards, dining-rooms, kitchens and sub-departments where the benefits from the fuel consumed are received. Why not help to conserve its use? It reflects credit on you and your department. Let us for example study for a moment how easy it is to save without reducing the efficiency of the plant.

The coal is received from the mine on the institution grounds, stored or used. When used it is conveyed by various methods to the boilers, then automatically put into the furnace where it is ignited and converted into heat, gases and ashes. The heat produced acting on the water tubes which have entering them water of about 180° to 200° fahr., producing steam at 212° and finally forces out the pressure steam at 334° fahr. This is now assembled and passed out through the headers to act as a motive power for the engine and when adjoined generator is present the forces are converted into electric light and electric power. Again during the heating season the steam is forced into the various buildings through the pipe to act in the radiators for the production of heat.

Distribution of Heat: You can readily see that by assisting on the outside of the plant, in controlling the heat through the various heating devices, and the electric powers used through the various wires, material saving and the reduction of labor at the central point follows.

The superintendent of the local light plant recently informed me that formerly when carbon lamps were used by consumers they were renewed by the company as they burned out and some of these better discarded lamps were used in lighting the power-plant where the electricity was generated, but now this is no longer done as the tungston lamp has supplanted the old carbon filament lamp and the difference is only a few pennies and the length of life and efficiency of the tungston is so much greater that it was found even economical to use the tungston in the power-house and boiler-room to say nothing of introducing them into the dwellings and business houses. The average 16-candle power lamp when burned twenty-four hours causes a cost to the consumer of 1.2 cents. Practically one tungston supplants four carbon filament lamps. It uses less watts and is of greater efficiency. It goes without saying that these lamps should be introduced slowly and increased as the finance and opportunity present. The commercial charge of 10 cents per kilowatt hour can easily be used in computing the expense of operating the electric power service of an institution.

Perhaps it would not be amiss should I quote from the records of the Lincoln State School as an illustration of the saving that can follow the

<sup>1</sup> The introduction of mechanical stokers has increased the power developed by steam boilers about one-third. Even the best steam boilers only produce about 12% of the heat units of coal.—E. E. Somermirer, "Coal", 1912, professor metallurgy, Ohio State University.

Under present practice, on an average, not 1% of the energy of the coal is transformed into light. —Charles Richard Van Hise, professor, University of Wisconsin.



introduction of improved apparatus and the benefit resulting from the purchase of supplies as they are now being obtained.

Today we have ready to use 2,408 incandescent lights; 26 arcs, 25 electric irons, 36 motor sewing machines, 3 disc heaters, 1 electric range, 3 pressing irons, 20 fans, 21 motors, 3 body ironers and 2 sterilizers, consuming if all were used at once 2,367.55 amperes. We have 44,279 square feet of heat radiation. We have 3 high speed engines of 800, 600, 210 amperes.

55 watts = one 16 candle power light.

Same for desk fan.

110 watts = one ampere.

1 H. P. = 746 watts.

We have 4 Green chain grate stokers—water tube boilers.

In the year 1906 our old apparatus for handling fuel and the distribution of steam consumed 13,587.5 tons of coal, costing \$23,370.50. In 1913 we consumed, through more improved apparatus about 10,000 tons, costing about \$13,000, showing a net saving of approximately \$10,000.

In classification No. 6, estimate No. 15 for 1914 we are asking for approximately 13,000 tons of coal. We do not expect to consume this amount but in our estimate the coal supply is received as needed and such quantities as not needed are not received or paid for. This saving in fuel is only part, as the labor in feeding the furnaces has been reduced as well. I only mention this as an example of one of the improvements that organized system produces in general.

In conclusion:

1. (a) Weigh, coal and water.  
(b) Watch the ash.
2. Properly house and consume coal.
3. When funds are available introduce mechanical stokers.
4. Coal should be purchased on the B.T.U. basis.
5. Make ready repairs of leaks.
6. There should be proper insulation of pipes.
7. Control waste by diligent, careful watchfulness.
8. The length, number and complexity of chandeliers should be reduced.

## JUVENILE DELINQUENCY AND FEEBLE-MINDEDNESS<sup>1</sup>

[By Olga Bridgman, M.D., Physician, State Training School for Girls]

The State Training School for Girls in Geneva has at present a population of about 400 girls, ranging in ages from ten to twenty years, most of whom have been committed to this institution for delinquency. These children have often come from homes which could show them nothing but squalor and vice. Drunken, densely ignorant, often flagrantly immoral parents have conferred on them a blighting heredity, and have surrounded them with an environment so vicious that memories of their earliest years can recur only as visions of wretchedness and depravity.

Often they have been in actual want of food and have suffered from lack of adequate clothing during severe weather; one or two rooms have housed perhaps ten and sometimes even more persons. Many times families have been broken up by death or divorce, and in some such instances the children have been cared for in a most desultory way by neighbors, hardly able to care for their own wants. During the day, frequently both parents have gone out to work leaving the children to seek their only possible recreation and companionship on the streets.

Children from such heredity and environment come to Geneva, usually after having offended against society to a greater or less extent. Most of them have grown to be fifteen or sixteen years of age, without ever having acquired a conception of normal home life and discipline. Their passing moods alone have served to govern all their actions. Many of these children, but by no means all, have attended public schools, where almost without

<sup>1</sup> Read before Illinois State Hospitals Medical Association.

exception, they have been the dull children, frequently repeating work and being far below their normal position in the grades. Often after having attended school for only a few years, they have gone out to work, and being utterly untrained for any occupation, have earned most meagre wages. Some have never even slept on a bed; two children had had no home for many months but an abandoned coke oven, and had begged and stolen food wherever and whenever they could find it. Three other children had been picked up with a band of wandering vagabonds, both men and women, all of whom had been living in a deserted barn. One of these last three, a very defective girl of sixteen years, was pregnant at the time of her admission, and was suffering from a severe attack of gonorrhea.

The population of Geneva is comprised of individuals showing varying degrees of defect, mental or moral. Of 500 consecutive admissions, 371 or 74 per cent were committed for sexual immorality, and of those children committed ostensibly for other offenses such as stealing or drunkenness, many had also been sexually immoral. Of all these cases, 58 per cent were suffering with gonorrhea on admission and several also showed active syphilitic lesions. It will be well to add here that most of the delinquent girls are already old offenders before coming to the school, except when sent from those communities which still seem to regard Geneva as a proper home for dependent and truant children. Those delinquents who arrive in Geneva have usually had several court hearings, and have been under the supervision of a parole officer for months before finally given up as hopeless by the Juvenile Courts. When, in spite of the supervision possible in their own homes, or such homes as have been provided for them by the court, their anti-social tendencies have become more and more marked—then, as a last resort, they come to Geneva for training and further probation.

These children are sent to Geneva between the ages of ten and eighteen years, where their lives are at once regulated along hygienic lines. They are given good homes, excellent food and comfortable clothing, and education along various lines commences at once and is aimed especially to fit them to be placed in suitable family homes. Each girl, as soon as her training period has been satisfactorily completed is placed in such a home and, unless discharged from the institution by a court order or by some other procedure, is kept under the careful supervision of the school until she has arrived at the age of twenty-one years. This guidance of perhaps years' duration aims to make the life of order and decency so habitual, that when the girl is finally thrown upon her own resources, at twenty-one years of age, she will tend to go on in this manner until she eventually marries and founds a wholesome and moral home. This end, toward which all her training tends, and probably will tend as long as all supervision must cease when she is twenty-one years of age, is attained in only a pitifully small number of cases. Such results as these could occur only where the girls retained had an intelligence sufficient to grasp and carry out the principles of orderly moral existence—which means an intelligence essentially normal. How well this was understood even by the Legislature founding the institution is seen in the section of the Act providing for the State Home for Juvenile Female Offenders enacted in 1893, which specifically states that "No imbecile or idiotic girl, shall be committed or received" into this institution. Nowhere are idiocy or imbecility specifically defined in the statutes of this State, although in another connection reference is made to the "idiot or feeble-minded person, who, by reason of unsoundness of mind, is incapable of managing and caring for his own estate." At the present time, there is no law in this State by which a child can be committed and held permanently in an institution because of feeble-mindedness, no matter how great a menace to society such a person may actually or potentially be. As a result, large numbers of feeble-minded persons are under no efficient control until such time as their mental weakness has caused them to become criminals, when they are brought before the courts and are sent to reformatories, where for the time being only, they are both protected and controlled.

Work with these girls has often been deeply discouraging. Not infrequently a girl with a bad court record, has come to the school, where she has done very well under careful direction and has shown herself quite

capable of self support in a favorable environment. Often, such a child has been allowed to return to her home or has been placed in a good home and has re-entered the school at a later period, morally, mentally and physically the worse for her short period of freedom from supervision. Many of these children appear bright on superficial examination and may seem, under favorable circumstances, to have good principles which they are utterly unable to carry out under stress. They constitute that class of helpless criminals who need protection for their own sakes, and from whom society, as well should be safe-guarded.

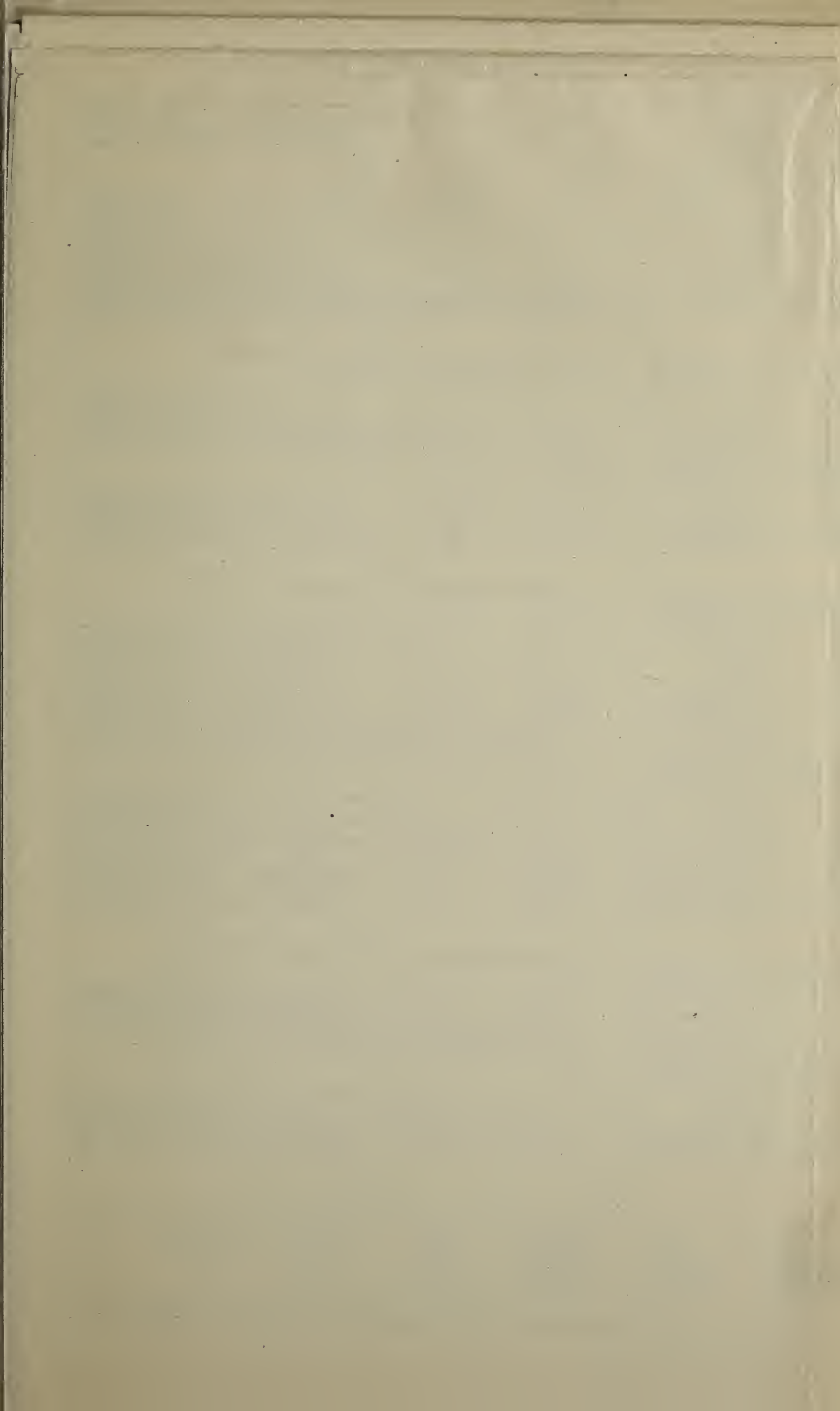
Because of the easy recognition of mental deficiency and perversion in these girls, it has become the custom to examine them on admission by means of the Binet tests as modified by Dr. Goddard for American children, as constituting a rapid and convenient method of mental classification. In a series of 118 consecutive cases, a large number was found to be markedly deficient mentally as classified by these tests. Of these, 105 were graded as feeble-minded, 6 even falling as low as the imbecile group. Thirteen children graded either as normal or as backward, that is they showed a distinct mental deficiency not amounting, however, to actual feeble-mindedness. Of this last group of 13, ten were financially dependent, never having been guilty of important delinquencies. Of the 105, all of whom were retarded three or more years, 99 graded as morons, 55 ranking above ten years' mental age. It is this latter group which is most dangerous socially and which is least likely to present itself in such institutions as the Lincoln School and Colony. With many of these children the intellectual defect is not so obvious but that it may be overshadowed entirely by criminal or immoral tendencies. They may know a thing to be wrong, but fail to feel this strongly enough to be deterred from committing the wrong deed.

Such girls as these, while under supervision, do very well but are nevertheless in no sense capable of maintaining a normal station in life and competing with normal individuals. One case of this type, a girl who had been placed in an excellent home, had lead for years a seemingly happy existence; earning a fair livelihood and assured permanently of a good home where there was real affection felt for her. At twenty-one years of age, because the law so decreed it, her bank book was turned over to her and she was formally released from the school, but advised to remain with the family who had given her a home for so long a time. She strongly expressed her intention of doing this, but before many days had elapsed, she left her home, and with a doubtful acquaintance she had made, proceeded to spend most of her money in drunkenness, and was sentenced to jail for thirty days. Since that time, her life has been simply a series of jail sentences, interspersed with short periods of debauchery and immorality. This wretched end in a few months, after years of orderly and apparently contented life, is only one of several similar instances showing how important proper supervision is.

Another girl, of a distinctly different type was sent to Geneva from the Chicago Redlight District, and while in the institution made a splendid record, both for work and behavior. At the age of twenty-one years, this girl was discharged from the institution and within a week had returned to a life of prostitution. A short time after her release, she met one of the other girls on the street and laughingly referred to the Geneva institution as a "recruiting station" for the Chicago Vice District. It is fairly well known that agents from these districts pursue some of the discharged girls in a most relentless way and offer them inducements to enter a life of prostitution.

The moral and mental defects which these girls show are being considered more and more as permanent and incurable, and yet, as the law now stands, this institution holds them, developing in them strong and healthy bodies, and at the age of twenty-one turns them out, physically vigorous but mentally weak, to found homes (for they very often marry) which are already furnishing more material for our various State institutions. These girls are not criminals whom a sentence in a reformatory and a little training will reform, but in most cases they can be demonstrated to be mentally defective, often actually feeble-minded, and utterly "incapable of competing





capable of self support in a favorable environment. Often, such a child has been allowed to return to her home or has been placed in a good home and has re-entered the school at a later period, morally, mentally and physically the worse for her short period of freedom from supervision. Many of these children appear bright on superficial examination and may seem, under favorable circumstances, to have good principles which they are utterly unable to carry out under stress. They constitute that class of helpless criminals who need protection for their own sakes, and from whom society as well should be safe-guarded.

Because of the easy recognition of mental deficiency and perversion in these girls, it has become the custom to examine them on admission by means of the Binet tests as modified by Dr. Goddard for American children, as constituting a rapid and convenient method of mental classification. In a series of 118 consecutive cases, a large number was found to be markedly deficient mentally as classified by these tests. Of these, 105 were graded as feeble-minded, 6 even falling as low as the imbecile group. Thirteen children graded either as normal or as backward, that is they showed a distinct mental deficiency not amounting, however, to actual feeble-mindedness. Of this last group of 13, ten were financially dependent, never having been guilty of important delinquencies. Of the 105, all of whom were retarded three or more years, 99 graded as morons, 55 ranking above ten years' mental age. It is this latter group which is most dangerous socially and which is least likely to present itself in such institutions as the Lincoln School and Colony. With many of these children the intellectual defect is not so obvious but that it may be overshadowed entirely by criminal or immoral tendencies. They may know a thing to be wrong, but fail to feel this strongly enough to be deterred from committing the wrong deed.

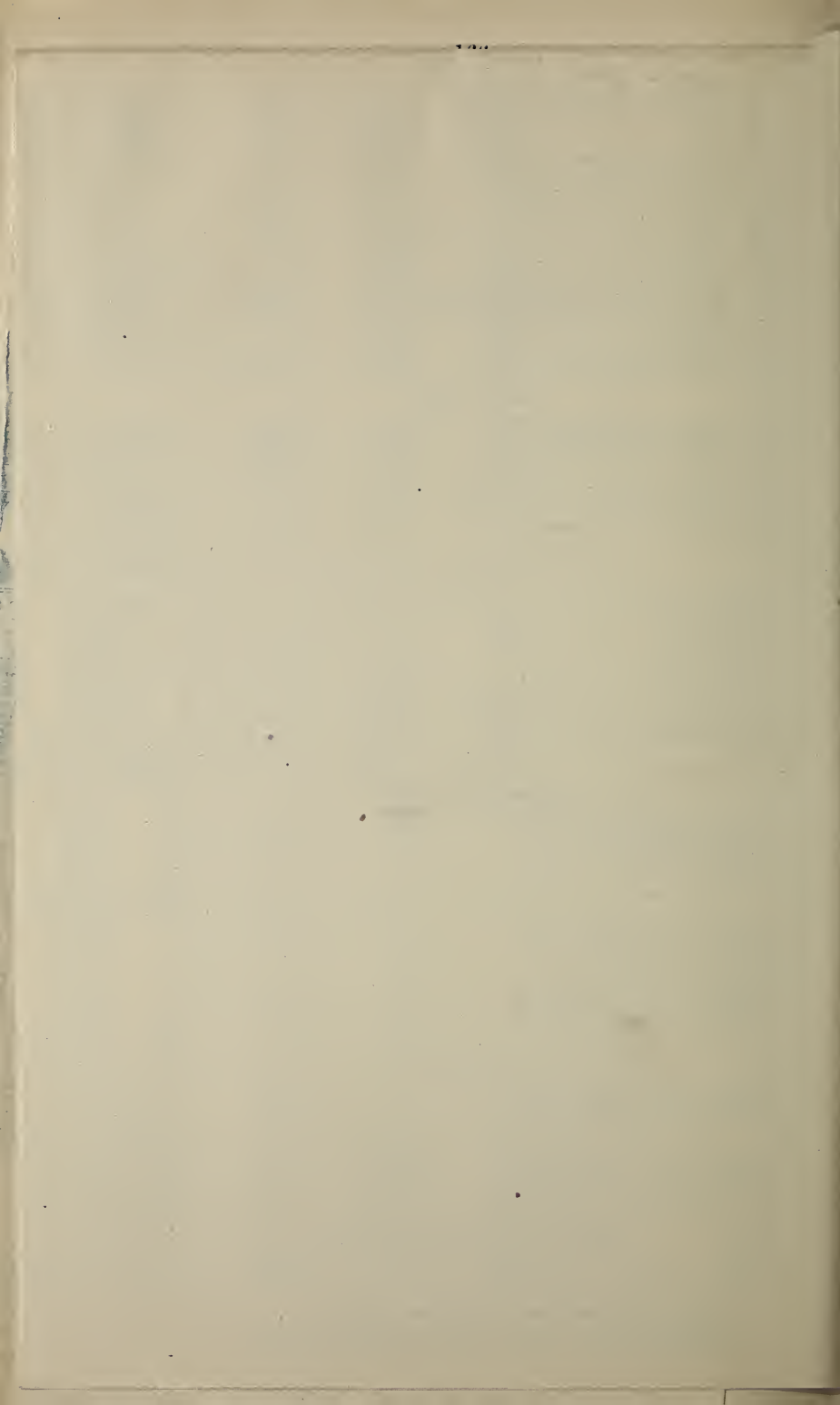
Such girls as these, while under supervision, do very well but are nevertheless in no sense capable of maintaining a normal station in life and competing with normal individuals. One case of this type, a girl who had been placed in an excellent home, had lead for years a seemingly happy existence; earning a fair livelihood and assured permanently of a good home where there was real affection felt for her. At twenty-one years of age, because the law so decreed it, her bank book was turned over to her and she was formally released from the school, but advised to remain with the family who had given her a home for so long a time. She strongly expressed her intention of doing this, but before many days had elapsed, she left her home, and with a doubtful acquaintance she had made, proceeded to spend most of her money in drunkenness, and was sentenced to jail for thirty days. Since that time, her life has been simply a series of jail sentences, interspersed with short periods of debauchery and immorality. This wretched end in a few months, after years of orderly and apparently contented life, is only one of several similar instances showing how important proper supervision is.

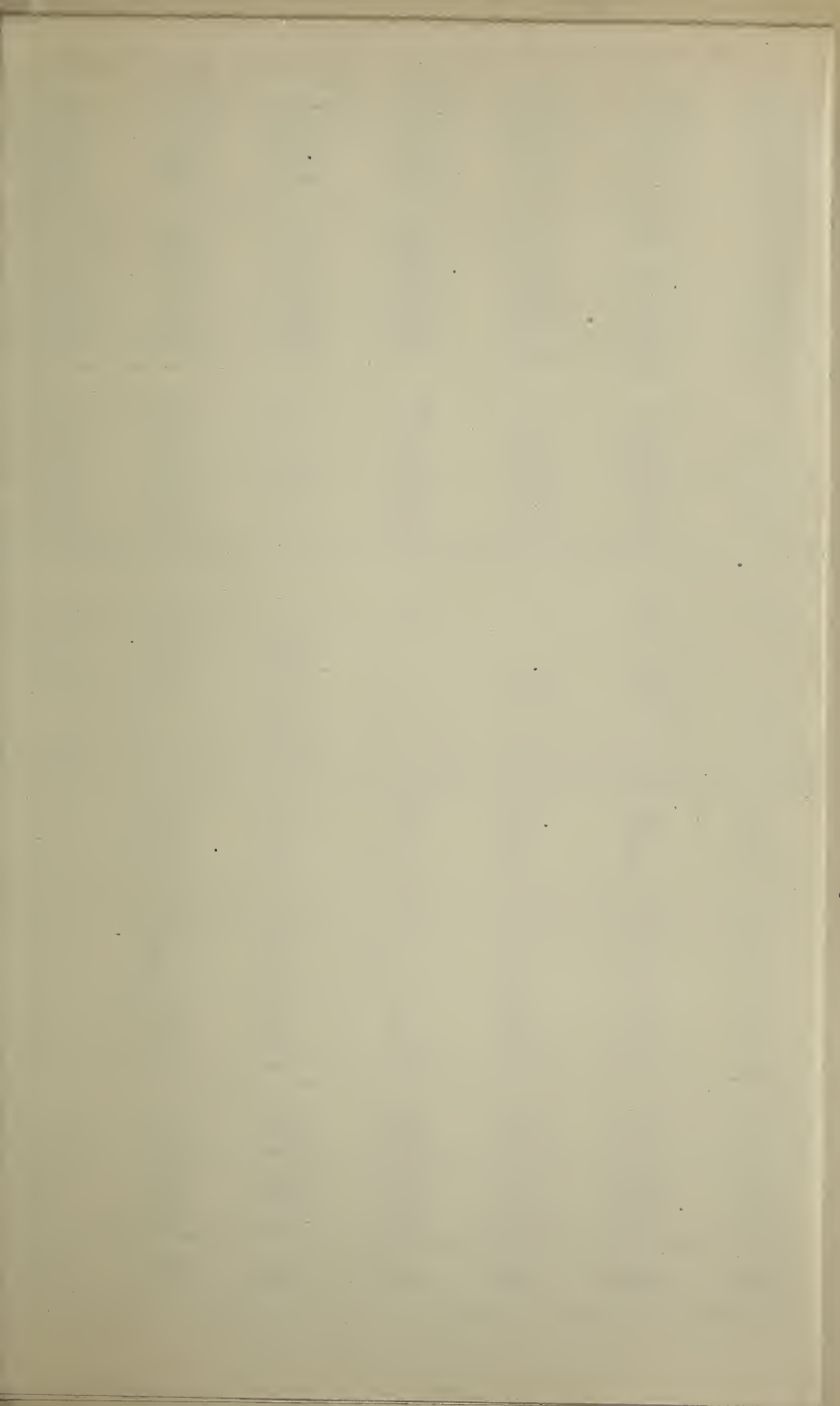
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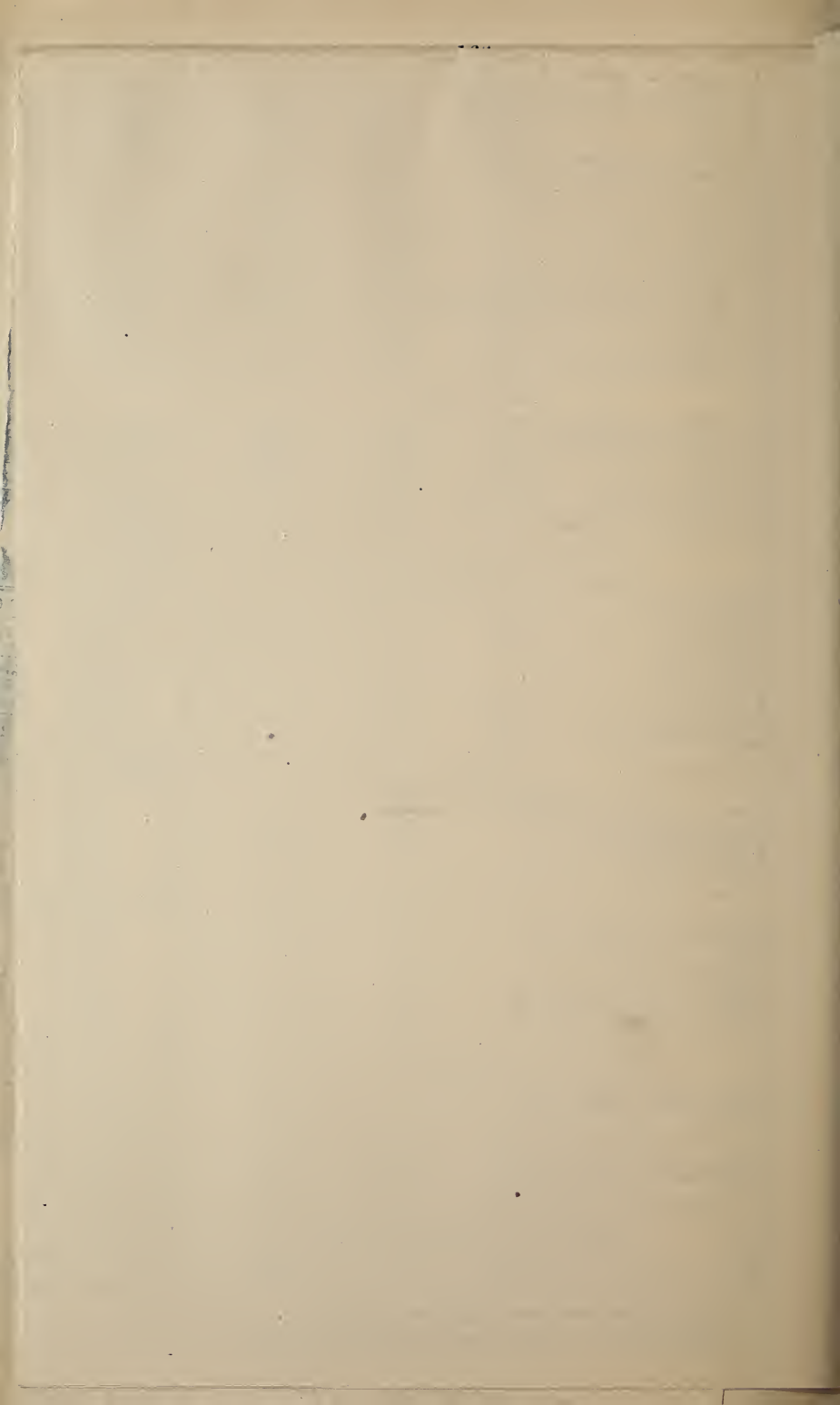
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## STATE OF ILLINOIS—BOARD OF ADMINISTRATION. FINANCIAL STATEMENT OF THE FISCAL SUPERVISOR FOR THE QUARTER ENDING MARCH 31, 1914.

[illegible]

\* After miscellaneous collection axiudad.



on equal terms with their normal fellows, or of managing themselves or their affairs with ordinary prudence."

These young offenders, who show mental defect, cannot be successfully dealt with under such a system as this. Their vicious habits and criminal tendencies soon alienate them from their friends and families, who in despair of controlling them, abandon them to the fate of picking up a living on the streets. Drunkenness, petty thieving and prostitution bring them back to reformatories time after time, the only value of the institution being the temporary protection it affords them from the perils of the street, which in the case of feeble-minded girls are appalling. What they need is protective and friendly detention in some institution other than a reformatory for a period far longer than the gravity of their offenses would warrant where they can be properly supervised and their anti-social tendencies be held permanently in abeyance.



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DECEMBER 31, 1914

# THE INSTITUTION QUARTERLY

An Official Organ of the Public  
Charity Service of Illinois

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## THE PUBLISHERS:

The State Board of Administration

The State Charities Commission

The State Psychopathic Institute

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# THE INSTITUTION QUARTERLY

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Vol. V. Springfield, Illinois, December, 31, 1914. No. 4

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Issued jointly by the State Board of Administration, State Charities Commission and the State Psychopathic Institute, to reflect the public charity service of Illinois; to publish the results of its investigations and researches in the manifold questions of care and treatment of all classes of State wards and to lead the way towards a harmonious co-operation and co-ordination of all public and private agencies throughout Illinois, which at any point touch the problems of philanthropy, charity and social betterment.

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THE PLATFORM OF PRINCIPLES OF  
ILLINOIS' CHARITY LAW

"To provide humane and scientific treatment and care and the highest attainable degree of individual development for the dependent wards of the State;

"To provide for delinquents such wise conditions of modern education and training as will restore the largest possible portion of them to useful citizenship;

"To promote the study of the causes of dependency and delinquency and mental, moral and physical defects, with a view to cure and ultimate prevention;

"To secure the highest attainable degree of economy in the business administration of the State institutions consistent with the objects above enumerated, and this Act, which shall be known as the code of charities of the State of Illinois, shall be liberally construed to these ends."

# ILLINOIS STATE CHARITIES ORGANIZATION

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The Kankakee State Hospital, Kankakee—Dr. P. M. Kelly.

The Jacksonville State Hospital, Jacksonville—Dr. H. B. Carriel.

The Anna State Hospital, Anna—Dr. R. A. Goodner.

The Watertown State Hospital, Watertown—Dr. J. A. Campbell.

The Peoria State Hospital, Peoria—Dr. R. T. Hinton.

The Chester State Hospital, Chester—Dr. George K. Farris.

Chicago State Hospital—Dr. George Leininger.

The Lincoln State School and Colony, Lincoln—Dr. Thomas H. Leonard.

The Illinois Industrial Colony for Improvable Epileptics, Dixon—  
No superintendent.

The Illinois School for the Deaf, Jacksonville—Mr. C. P. Gillett.

The Illinois School for the Blind, Jacksonville—Mr. H. C. Montgomery.

The Illinois Industrial Home for the Blind, Chicago—Mr. Wm. F. Shultz.

The Illinois Soldiers' and Sailors' Home, Quincy—Mr. John E. Andrew.

The Soldiers' Widows' Home of Illinois, Wilmington—Mrs. Nettie  
McFarland McGowan.

The Illinois Soldiers' Orphans' Home, Normal—Mr. Charles E. Bassett.

The Illinois Charitable Eye and Ear Infirmary, Chicago—Mr. Charles  
T. Garrard.

The State Training School for Girls, Geneva—Mrs. Carrie O'Connor.

The St. Charles School for Boys, St. Charles—Col. C. B. Adams.

The Alton State Hospital, Alton—No superintendent.

# CONTRIBUTORS TO THE QUARTERLY

## ON THE RELATION BETWEEN EDUCATION AND PHILANTHROPY

Edmund D. James, President of the University of Illinois

## ON THE STATE'S WORK AMONG THE INSANE

Dr. Ralph T. Hinton, Superintendent Peoria State Hospital.  
Dr. P. M. Kelly, Superintendent Kankakee State Hospital.  
Dr. H. J. Gahagan, Superintendent Peoria State Hospital.  
Dr. J. A. Campbell, Superintendent Watertown State Hospital.  
Dr. R. A. Goodner, Superintendent Anna State Hospital.  
Dr. H. B. Carriel, Superintendent Jacksonville State Hospital.  
Dr. George K. Farris, Superintendent Chester State Hospital.

## ON CHILDREN

Miss Julia C. Lathrop, Director National Children's Bureau, Washington, D. C.

Dr. Thomas A. Woodruff, Chicago; Mr. H. C. Montgomery, Jacksonville, Superintendent State School for the Blind; and Dr. William H. Wilder, Chicago: Blindness, its Prevention, and the care and training of the young blind.

Mr. C. P. Gillett, Jacksonville, Superintendent State School for the Deaf; and Dr. George E. Shambaugh, Chicago: The education and care of the deaf.

Dr. Thomas H. Leonard, Superintendent of the Lincoln State School and Colony: The feeble-minded.

Mr. Sherman C. Kingsley, Chicago, director of the Elizabeth J. McCormick foundation: The normal but dependent child.

Dr. Henry Helmholtz, Chicago: Infant welfare and infant mortality.

Dr. Caroline Hedger, Chicago: Infant welfare and infant mortality.

Col. C. B. Adams, Superintendent of the St. Charles School for Boys: The delinquent boy.

Dr. W. H. C. Smith, Godfrey: The epileptic child.

Mrs. Carrie O'Connor, Superintendent of the State Training School, Geneva: The delinquent girl.

Dr. Clara Harrison Town, State Psychologist at the Lincoln State School and Colony, and Dr. William Healy, Psychologist of the Chicago Juvenile Court: The subnormal and the retarded child and the application of tests of mentality in the schools.

## ON GENERAL PHILANTHROPY AND SOCIOLOGY

Prof. Edward C. Hayes, head of the Department of Sociology of the University of Illinois: Sociology.

Dr. Graham Taylor, Chicago Commons: General philanthropy.

Dr. Charles R. Henderson, Chicago; Rev. P. J. O'Callaghan, Chicago; William C. Graves, Superintendent of the Illinois Reformatory at Pontiac; Edmund M. Allen, Warden Joliet Prison, and H. V. Choisser, Warden Chester Prison: Correction.

Mr. Perry N. Hiser, Superintendent, Peoria Associated Charities: Associated Charities: Family treatment and outdoor relief.

Dr. George T. Palmer, Springfield: Public health, housing and anti-tuberculosis.

Mr. Frank E. Wing, Superintendent of the Chicago Municipal Tuberculosis Sanatorium: Anti-tuberculosis.

Dr. Theodore B. Sachs, Chicago, Secretary of the Municipal Tuberculosis Sanitarium: Anti-tuberculosis.

Miss Elnora E. Thomson, Chicago, Secretary of the Chicago Mental Hygiene Society; Mental hygiene and social service among the insane.



## SUMMARY OF CONTENTS.

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This number of the Institution Quarterly contains a large number of subjects of unusual interest in both public and private charity.

The leading article is entitled "One Year of Mothers' Pensions in Illinois." Here is a feeble attempt to present some information that will throw light upon the mooted questions involved in the mothers' pension plan. The article contains the sums of money spent in one year and the number of beneficiaries by counties; also there are the opinions of a number of county judges of the efficiency of the mothers' pension law.

"The Life Triumph of Romeo Thompson" is the story of one of the original inmates of the State School for Feeble-minded. Romeo spent fifty years of his life in this institution. It was not wasted. Romeo's one desire was a decent burial. Not only has he been given a decent burial but he has shown the State its duty towards all feeble-minded children who may die in that institution without friends or relatives to care for them.

Sherman C. Kingsley, director of the Elizabeth McCormick Memorial Fund,, contributes one of the most valuable articles from a social service standpoint that has been recently printed in the middle west. His subject is "Why the Open Air School Movement Grows." The article is well illustrated and reports the results of Mr. Kingsley's thorough study and practical experience in this country and Europe with the open air school.

The United States Census Department has permitted the Institution Quarterly to print in advance its summary of the Illinois charity statutes and outline of charity service. In this outline there are epitomized all of the charity laws of Illinois with side notes, showing the date of passage and the pages in the revised statutes upon which they may be found. For reference work nothing so good has ever been presented in this State.

The announcement of the inauguration of the eight hour day for employees in State institutions will be read with interest by all State boards and superintendents throughout the country. The State Board of Administration advances the theory that employees of State institutions should live off the grounds. This subject is being given thorough consideration in Illinois.

The Illinois State Hospitals Medical Association holds its fall meeting at the Lincoln State School and Colony. Brief review of the program:

Dr. George Ordahl becomes State Psychologist of Illinois and begins his work. A conference held to outline methods by which the State Psychologist and his work may be of the greatest possible good and benefit to the whole State.

A short review of the Nineteenth State Conference of Charities and Corrections.

A story that illustrates the fact that Home is the last word to disappear from the vocabulary of the insane.

Cook County opens its Psychopathic hospital, thereby performing a service which the State should have undertaken years ago.

An interesting report of the school nurses work in the Aurora public schools.

The anti-tuberculosis organizations of Illinois undertake a campaign to secure the repeal of the anti-tuberculin test law in Illinois.

"An Awakening in Charity" is a concise statement of reform movements in three states of the Union.

"Hammering the Jail" is a reference to the action of the Indiana State Conference of Charities and a portion of the address of Judge Collins.

The Indiana State Conference of Charities discuss the problem of the care of the insane and Dr. S. E. Smith outlines his "Colony Plan" for the chronic classes.

"The Press and Insanity" is a discussion of the prevalent disposition, on the part of the daily press to resort to sensation and even flippancy in the discussion of the mentally afflicted.

"What Sluggards We Be" is an editorial calling attention to an issue of the New York Medical Journal of 1890, in which reforms were urged in the care of the insane, which are still being urged with even greater emphasis, but which are slow in becoming a fact.

The Kankakee State hospital makes a report of the economic value of its patient's work, showing that in one month, at a low estimate of their value, 569 patients did work worth \$8,753.

How Illinois women voted on the saloons is a tabulation of the returns from 194 cities, villages and townships.

"The Increase of Insanity," is a review of the preliminary studies of Dr. A. J. Rosanoff.

"Wages and Labor Conditions at the Kankakee State Hospital," is a report of an investigation of this subject made at the request of Governor Dunne in October. It summarizes the social and economic conditions of 101 of the employees in the attendant and nursing service.

William C. Graves, president of the National Association for the Study and Prevention of Epilepsy, presents the results of the campaign throughout the country to secure state colonies and other remedial legislation for this class.

Dr. H. I. Davis, superintendent, describes Cook County's new Psychopathic hospital.

"Spring at the Poor House," is a pathetic little story by William LaFavor, giving us a new view of that institution.

Among the scientific papers are the following:

"Medico-Psychological Work in the Courts," by Dr. William Healy.

"What are the Indications for Restraint," by Dr. H. J. Gahagan, superintendent, Elgin State hospital.

"Chronic Alcoholism," by Dr. Charles F. Read, assistant superintendent of the Chicago State hospital. This is the paper that Dr. Read

read before the Alienists and Neurologists meeting in July, 1914, and which was given such wide publicity in the newspapers throughout the country. It was upon this paper that a committee of the meeting made such a strong report upon the question of liquor and mental stability.

"Insight in Cases Recovered from Manic Depressive Attacks," by Dr. S. N. Clark, physician at the State Psychopathic institute.

"Relation of Psychiatry to Medicine," by Dr. Charles Ricksher, pathologist of the State Psychopathic institute.

"A Summary of Nervous and Mental Findings in the Feeble-minded Children," by Dr. J. J. Mendelsohn, of the staff of the Lincoln State School and Colony.

The report of inspections of State institutions by the executive secretary of the State Charities Commission, a list of the certified orphanages and of the Old Peoples' Homes of Illinois and the quarterly financial report of the Board of Administration conclude the contents of this issue.



## ONE YEAR OF MOTHERS' PENSIONS IN ILLINOIS.

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During the first year of the operation of the Mothers' Pension Law in Illinois, approximately 2,500 people became its beneficiaries, and the total amount expended under its terms was \$259,255.

Of these figures Cook County furnishes 345 families with 1,135 children; \$100,000 represents Cook County's expenditure under this Act. Out of this \$100,000 were paid the expenses of supervision and investigation.

While the law makes it mandatory upon the various county boards to levy a tax not to exceed 3/10 of a mill, the proceeds from which are to constitute the Mother's Pension Fund, and are to be expended under the terms of the law, we find that 62 of the 99 reporting counties failed or refused to make a specific levy for that purpose. Of these 62 counties, 26 made an appropriation out of their general revenue funds and set it aside as a Mothers' Pension Fund. Thirty-seven counties therefore made a direct tax levy and 26 more made an appropriation from general fund, making 63 of the 99 counties which complied wholly or in part with the law.

The data from which these figures are prepared, were furnished by the county clerks. We have been able to secure replies from all but three of the 102 counties—Franklin, Ogle and Scott, all three of which ignored the repeated requests sent to them for information.

In their replies as to the number of beneficiaries there is no uniformity which was due to the failure of our question to make it plain just what we wanted.

For instance, some clerks reported the number of families who are beneficiaries; other clerks reported the total number of persons who are beneficiaries. In making our additions we have attempted to give the total number of beneficiaries, as for example, in Cook County, we have added in the number of children rather than the number of families aided.

These figures, of course, do not mean very much; they throw very little light upon the mooted question at issue in the discussion of the Mother's Pension scheme.

It is held by many that the Mother's Pension Act, simply creates a new and additional class of dependents. We are unable from our investigation in Illinois to say whether this point is sustained or not.

There are 81 orphanages and child-placing agencies in Illinois licensed by the Board of Administration. We wrote a letter to each one of these asking them to report the number of court-committed children in their institutions on August 1, 1913, and on August 1, 1914. Of the 81 addressed only 55 replied, of which only 25 received court-committed children. They reported on August 1, 1913, 1,575 court-committed children; the same institutions reported present on August 1, 1914, 1,432 court-committed children, a decrease in a year of 141 children. Each institution was asked whether the Mothers' Pension Act had produced any effect in its operations. Practically all of the institutions answering said that they had noticed no effect either way.

The decrease noted in the court-committed children covers only one year. If this decrease should be maintained and should increase in size, we would be warranted in crediting the Mothers' Pension Act with at least a portion of it.

There is another very vital omission in the statistics which would throw light on this question. These statistics we regret to say are unavailable, because of the lack of uniformity in accounting which maintains among the different counties of the State. We refer to the outdoor relief, given

by supervisors and overseers of the poor. To collect statistics on this point, would be out of the question under prevailing conditions. The interesting point is this: Are the supervisors and the overseers of the poor expending as much money as they ever did before, out of the poor relief or pauper funds, leaving the amount appropriated or set aside for mothers' pensions to be an additional expenditure.

The evil effects of our present accounting system are very evident when one undertakes to collect statistics of this character. If the counties should report uniformly how much money was spent by their supervisors and overseers, in 1913 as against 1914, we might have some illuminating figures. But even then account would have to be taken of variations in business, the increase or decrease in the number of unemployed, and the failure of crops in many sections of the State, due to drought and pests.

The few statistics which we are able here to present may furnish some background for comparison in the future. During the coming year, an effort will be made to get an estimate at least, of the poor relief in each county and of the effect of the mothers' pension upon it.

Below we submit a table showing what each county did on the Mothers' Pension Act; also are attached letters from a number of county judges giving their view of the Mother's Pension Law, and some other valuable letters on this subject:

STATEMENT OF MOTHERS' PENSIONS COLLECTED AND EXPENDED IN ILLINOIS  
IN 1913.

Counties.	Amount of tax collected.	Tax rate levied.	Number of beneficiaries.
Adams.....	\$ 2,000	None.....	Thirteen.
Alexander.....	None	do.....	None.
Bond.....	None	do.....	One, paid from general fund.
Boone.....	None	do.....	None.
Brown.....	None	do.....	None.
Bureau.....	3,000	3½ mills on the dollar.	Forty-five children.
Calhoun.....	None	None.....	None.
Carroll.....	None	do.....	None.
Cass.....	254	¾ of one mill.....	One.
Champaign.....	1,500	None.....	Paying out \$500.00 a month from general fund.
Christian.....	3,648	20 per cent.....	Thirty-two.
Clark.....	None	None.....	None.
Clay.....	1,282	3 cents on the \$100...	Three and many more petitions pending.
Clinton.....	1,800	3 cents on the \$100...	Twelve, amounting to \$127.00 per month.
Coles.....	3,152	do.....	Nineteen.
Cook.....	100,000	None.....	Average of 345 families with 1,135 children.
Crawford.....	487	.00006 per cent.....	Three.
Cumberland.....	None	None.....	None.
DeKalb.....	2,300	.01½ cents on the \$100.	Twenty-three.
DeWitt.....	None	None.....	None. Sentiment of taxpayers and public officials not favorable to the starting of these pensions in communities like ours.
Douglas.....	3,000	3 cents on the \$100...	Four.
DuPage.....	1,000	None.....	Two.
Edgar.....	4,500	¾ of 1 mill.....	Fourteen and two pending.
Edwards.....	600	None.....	One.
Effingham.....	2,500	do.....	Eight (appropriated out of general fund).
Fayette.....	1,000	do.....	Eight mothers and thirty-four children (appropriated out of general fund).
Ford.....	None	do.....	None.
Franklin.....	1,000	do.....	Sixty-six children on list at last payment. Money exhausted some time ago (paid out of general fund).
Fulton.....	None	do.....	None.
Gallatin.....	None	do.....	None.
Greene.....	None	do.....	None.
Grundy.....	1,000	do.....	Six.
Hamilton.....	None	do.....	None.
Hancock.....	None	do.....	None.
Hardin.....	None	do.....	None.
Henderson.....	None	do.....	Two are receiving pension out of general fund.
Henry.....	1,000	.00833 per cent.....	Two.
Iroquois.....	1,000	None.....	Six (25 cents was the county rate which included the \$1,000.00).
Jackson.....	None	do.....	About ten cases being taken care of by the several townships. County board will make a levy this year for this purpose.
Jasper.....	None	do.....	None.
Jefferson.....	600	do.....	Five widows and four children each.

STATEMENT OF MOTHERS' PENSIONS COLLECTED AND EXPENDED—*Concluded.*

Counties.	Amount of tax collected.	Tax rate levied.	Number of beneficiaries.
Jersey.....	\$ 1,352	3 cents on the \$100...	Eleven children; four mothers.
Jo Daviess.....	None	None.....	Two out of general fund. Will levy a tax this year.
Johnson.....	None	do.....	None.
Kane.....	2,000	do.....	Twenty-three; \$461.00 each month.
Kankakee.....	4,000	4 cents.....	Fourteen mothers.
Kendall.....	500	None.....	Two mothers; one with two children, one with five.
Knox.....	None	do.....	None.
Lake.....	None	do.....	None.
LaSalle.....	5,000	do.....	Three (appropriated from the general fund).
Lawrence.....	None	do.....	None.
Lee.....	2,700	1½ cents on the \$100...	Seven.
Livingston.....	2,000	None.....	None.
Logan.....	2,000	Fraction over 1 cent on the \$100.....	Eight.
Macon.....	4,000	None.....	Twelve.
Macoupin.....	1,500	$\frac{1}{10}$ of 1 per cent.....	None under the Act but about twelve under the supervision of supervisors as overseers of the poor.
Madison.....	5,920	2 cents on the \$100...	Seventy-two.
Marion.....	None	None.....	Board of supervisors neglected to levy tax.
Marshall.....	None	do.....	None.
Mason.....	2,500	do.....	One mother and three children.
Massac.....	None	None.....	None.
McDonough.....	None	do.....	Three mothers and eight children; no special appropriation made for this.
McHenry.....	450	do.....	Three.
McLean.....	12,500	3 cents on the \$100...	Twelve.
Menard.....	1,000	.014 per cent.....	One at \$6.50 per week.
Mercer.....	1,000	.02½ per cent.....	Two.
Monroe.....	None	None.....	None.
Montgomery.....	2,000	.00014 per cent.....	Six.
Morgan.....	2,000	1½ per cent.....	Two mothers and five children.
Moultrie.....	1,000	1.4 cents on the \$100...	Four mothers having six children are receiving a pension of \$12.00 a week.
Ogle.....	None	None.....	None.
Peoria.....	7,464	2 cents on the \$100...	Twenty-one.
Perry.....	500	.01 cent.....	Four.
Piatt.....	None	None.....	Six; we pay these orders from the general fund.
Pike.....	None	do.....	None. Each supervisor takes care of those coming under this head in his township and amount is paid out of county funds.
Pope.....	750	3 cents on the \$100...	None.
Pulaski.....	300	None.....	Three families, seventeen persons.
Putnam.....	None	do.....	None.
Randolph.....	None	do.....	None.
Richland.....	None	do.....	None.
Rock Island.....	4,000	2 cents on the \$100...	Twenty.
Saline.....	1,560	3 cents on the \$100...	Four.
Sangamon.....	4,100	.01 cent.....	Fifty-five widows.
Schuyler.....	1,770	None.....	Four (appropriated from general fund).
Scott.....	None	None.....	None.
Shelby.....	2,000	None.....	None.
Stark.....	1,200	1½ mills.....	Three widows and six children.
St. Clair.....	11,000	None.....	One hundred and fifteen.
Stephenson.....	500	$\frac{3}{8}$ of a mill.....	Two.
Tazewell.....	2,000	.000108 per cent.....	Sixteen.
Union.....	1,401	.3 cents on \$100.....	Seven.
Vermilion.....	3,000	None.....	Thirty.
Wabash.....	800	18 mills on the dollar.	Two mothers with eight children, allowance being \$5.00 per month for each child. Total allowance \$40.00 per month.
Warren.....	1,000	None.....	Eleven.
Washington.....	None	do.....	None.
Wayne.....	None	do.....	None. County board passed a resolution that mothers needing help shall apply to the supervisor of the township.
White.....	None	do.....	Two, had no special levy.
Whiteside.....	2,000	$\frac{3}{8}$ of mill.....	One mother of two children.
*Will.....	10,000	None.....	Forty-one families ( <i>see letter</i> ).
Williamson.....	2,986	3 cents on \$100.....	Twenty-four.
Winnebago.....	9,879	3 cents on the \$100...	Thirty-six.
Woodford.....	1,000	None.....	None to date.

¹ See letter of comptroller Frank S. Ryan below.

² See letter of county clerk below.



## CHAMPAIGN COUNTY: JUDGE W. G. SPURGIN.

Under date of August 24, I received a letter from you making inquiry relative to the Mothers' Pension Law of this State. The following questions were asked:

1. How does it work in your county as you see it?
  2. How may the statute be perfected if in your judgment its principle is good?
- and asking me to write my opinion concerning this law.

When the law was first enacted and was published by the newspapers throughout the State, a number of mothers made application for aid under this law, and I directed the probation officer to make the investigation as required by the law and granted three or four of these pensions. When the orders came to the county clerk the question was raised as to what fund the money was to be paid from and on an examination of the law I found that the board of supervisors should levy a tax, which should not exceed a certain per cent and that that money raised by that tax should be placed in a special fund and be used for the mother's pension. There was no provision in the statute that the board of supervisors might make an appropriation and place it in this fund, so I changed the orders from aid under the Mothers' Pension Law to aid under the Dependent and Neglected Children's Act, and then I began to observe and study this law.

I am not favorably impressed with this law at all. In the first place I do not think that there was any necessity whatever for this law. The Dependent and Neglected Children's Act covers the whole field and I believe in a better way than the Mothers' Pension Law does. Of course, I understand that you people who favor the Mothers' Pension Law are making the claim that the mother would be more independent and would not feel that she was receiving funds from charity so much if it were under the Mother's Pension Law than if it were under the Dependent and Neglected Children's Act, because under the Dependent and Neglected Children's Act the probation officer visits the home once in each month and examines the condition and finds out how they are spending the money and then recommends to the judge how much should be paid to them for the succeeding month, while under the Mothers' Pension Law the money is paid monthly from the county treasury to the mother and she spends the money as she sees fit.

Now I am of the opinion that there are very few cases where the mother if she is a proper person to handle the fund and take care of it is really dependent upon charity, and needs the Mothers' Pension Law. It's the case that we have to watch and see how the money is expended; and I believe it is a good thing to keep track of them and note how they live and how they spend their money.

Another reason that was raised as an objection to this law is as follows:

The court makes an order granting a pension to a certain mother and then there is no way to stop the payment of that pension. It runs on and on, no way of keeping track of it, provided that at an election another clerk should be elected to the office of county clerk.

After due consideration of this law and of the Dependent and Neglected Children's Act I came to the conclusion that the law was not a good law, that it didn't fill any long felt want; that the chief thing that it did was to add to the State Charities Commission in order to provide some officers with a place that they might get their hands in the public crib, and probably make a provision whereby the Governor of the State through his appointments to these different offices might secure a little more of a pull for reelection. I am of the opinion that the old law covers the point thoroughly and in a much better condition and I have refused absolutely throughout to grant any mothers pensions under this law. I know that you people do not favor these opinions but this is the way that I look at this law and it is the way that I feel about it. I know it is upon the statute books now and it will be hard to remove but if the Legislature had the courage of its own convictions this law would be repealed.

## CARROLL COUNTY: JUDGE JOHN D. TURNBAUGH.

Replying to your letter of August 24, relative to the "Mothers' Pension Law." The law has not worked in this county at all as the county board refused to make an appropriation for it.

## KNOX COUNTY: JUDGE R. C. RICE.

In answer to your letter of August 25, 1914, in regard to the "Mothers' Pension Law" will say that I have tried heretofore to have our county board appropriate some money to be used for this fund, but was never successful until now. Last week the board at their meeting set aside the sum of \$2,000 to be used for said purpose. Since the law was passed I have had a number of applicants, some of whom I knew to be worthy, but have had to deny them all, as there was no money to be used for them.

If you have any suggestion that will help us out in the proper administering of this law, and handling this fund, I shall be glad to hear from you.

## DEWITT COUNTY: JUDGE FRED C. HILL.

Our county board made no appropriation for above pension fund, hence we have no report to make. The sentiment on our board is adverse to the Act and refuse to appropriate therefor. It looks as though we may have litigation over their refusal to act.

## BOONE COUNTY: JUDGE W. C. DEWOLF.

This county has not a single case under the law, and never has had one.

## WARREN COUNTY: JUDGE L. E. MURPHY.

I am in receipt of your favor of recent date asking for my opinion as county judge upon the efficacy of the "Mothers' Pension Law."

In this county we do not have very many who are receiving support under this law but during the time that it has been on the statute books we have had a large number of applications, considering the population of our county. The most of them could not comply with the strict requirements of the law and the most of them were ones who were not entitled to support under this law. In most cases in our county in which provision is being made in the family under this law, are families who were receiving support from the county through the supervisor or overseer of the poor. And in a county like this one I am of the opinion that the better way to take care of these is through the overseer of the poor in each township. The supervisor who is the overseer of the poor has better opportunity to know of the conditions in these families than has the County Court or any agents appointed by it. There is a tendency among a great many people to think that when the term pension is used that it is a matter of right and that they are entitled to ask and receive his pension no difference as to their physical or financial condition.

## LAKE COUNTY: JUDGE P. L. PERSONS.

In reply to yours of the 25th ult., to which my answer has been unavoidably delayed, would say the Mothers' Pension Law in its application in this county has not been actively enforced, inasmuch as while we have had numerous applications under that Act, it has been our policy in every instance, where possible, to handle these matters through the local supervisors, who are notified to be present at the hearing and who, in every instance thus far before the County Court, has been able to furnish the aid required.

This plan seems to me to be in the interests of economy as necessities rather than money are furnished the applicant, and I think I can safely say in every instance thus far the wants of the parties in need have been supplied.

I may frankly say the principal objection to this law seems to be that money direct from the county in case the aid is granted under it is paid the applicants, leaving the matter of its disbursement entirely with them; where the aid is furnished through the supervisor, as local poormaster, they get no money but the necessary supplies for necessities only.

FORD COUNTY: JUDGE M. L. McQUISTON.

Replying to your inquiry of the 25th inst., for information as to the operation of the "Mothers' Pension Law," I beg to say that but one application has been filed in this county under this Act, and because of the inability of the applicant to make the proofs necessary to entitle her to its benefits, the application was withdrawn.

The board of supervisors neglected to make a levy under the Act last year and there has therefore been no amount raised for that purpose in this county.

From my experience in dealing with dependent children, I am heartily in favor of the law, practically as it now stands.

JERSEY COUNTY: JUDGE H. W. POGUE.

Replying to your recent inquiry relative to the Mothers' Pension Law, I will say that I approve of the law and I am carrying into effect its provisions with my best judgment and discrimination. I have turned away a few unworthy applicants who are not moral, but have recognized those who are morally, mentally and physically fit to rear their children. We now have four beneficiaries and have expended not quite half of our appropriation of about \$1,400.

I would recommend that where there is a homestead that the mother be allowed to retain the homestead and that would not be a bar to the allowance of the pension, as I have always taken into consideration the rent question in making the allowance in any event. I would further enlarge the provisions of the law where a husband has deserted his wife and family and has removed to a foreign state or beyond the reach of the court, that the mother be allowed to come under the provisions of the amended Act, as they are just as helpless under the circumstances as if the husband were dead or physically unfit.

The beneficent provisions of this law in keeping the family together and not making them dependent upon supervisors allowances or threatened almshouse inmates, as a last resort, certainly should recommend it to all right thinking men.

ADAMS COUNTY: JUDGE LYMAN McCARL.

Your letter of August 24, asking my opinion upon the efficacy of what is commonly called "The Mothers' Pension Law," received, and in reply will say, that I believe it is a good law if properly applied. It is one of the laws that is very easily abused, and judges and probate officers should be very careful to see that only worthy persons are given a pension.

MCDONOUGH COUNTY: JUDGE C.G.GUMBART.

Our board of supervisors have so far failed to levy the tax under the Mothers' Pension Law mentioned in your inquiry of recent date, so we have been unable to personally test the law and find out what the results will be. Out of dozens of applications, the court has only allowed benefit to two mothers and I am satisfied that if this law is administered by conscientious officials, it will prove to be a good law.

If I were to suggest an amendment, I would include in the sixth condition under section 11, with household goods, no more real estate than is exempt under our statute and I might suggest that section 17 of the law be amended so that if the fund is not sufficient to go around, that it be pro-rated among the different mothers who have been allowed aid.



## WILL COUNTY: JUDGE GEORGE J. COWING.

Your letter of August 25, requesting the opinion of county judges upon the efficacy of the Mothers' Pension Law of this State received.

As to the working out of this law in this county, I believe that it has been satisfactory as a general rule but in some instances I believe that the law should be amended.

The law should be amended so that a mother who is a widow having a small home valued at less than a thousand dollars and no income but what she receives from her own labor and having a number of children to support may receive some aid. Another instance in which the law should be amended is where a mother who has been deserted by her husband for a period of one year or more and who is a proper person and having a number of children should also receive some aid.

There are a number of reasons that I can advance for the adoption of these amendments which I suggested, but the lack of space will not permit me to do so at this time.

I understand that the clerk of this court has forwarded to you the information as to the amount of money we have raised in this county and the rate of levy and also the number of families receiving aid at the present time.

I might suggest and say that if at any time you desire to visit with me and talk over this matter I will be glad to do so and go into this matter in detail as I believe that you would understand more clearly my experience as to how the law works in this county.

## PEORIA COUNTY: JUDGE CLYDE L. STONE.

In reply to yours of August 25, regret same has been delayed, but desired to send you statistics ending for the year October 1, 1914, as it is the first complete year of the Mothers' Pension Law in this county.

It is my opinion that the law more than justifies its expense, not only in the matter of the physical needs of the children but it is having a marked effect upon matters of juvenile delinquency. One of the chief contributing causes of juvenile delinquency being the absence of the mother from home, preventing her care and direction of the children.

## KANKAKEE COUNTY: JUDGE A. W. DE SELM.

Yours of the 25th inst. received. In re so-called Mothers' Pension of this State will say that since about the first of August James T. Burns has been county judge of this county and I have turned your letter to me over to him for further reply.

I will say that in this county we have recognized and enforced this pension law from the very beginning or immediately upon its enactment, and in my opinion it has worked very successfully. I believe it tends to preserve the self respect of the poor who are in need of this assistance and that it tends to prevent pauperism. In our county we have required, after a pension has been allowed, that the mother bring to our probation officer, her receipts showing the disposition of the allowance each month so that we could oversee the expenditures and advise with the mother as to a proper use of the funds, and thereupon the probation officer would give a written order to the county clerk showing the accounts of the mother had been approved. Whereupon, the county clerk would issue his order to the treasurer for the next month's allowance.

## HANCOCK COUNTY: JUDGE J. ARTHUR BAIRD.

Will say in reply to your inquiry concerning the Mothers' Pension Law that I do not think it a good one. For this reason, there is a supervisor in each township who is the overseer of the poor and he is far better acquainted with the mother who lives there about 365 days in the year than the county judge can possibly be, and the supervisor can look after her and

see that the tax money is being spent for the necessities of life instead of frivolities for which some mothers would use the money.

I think that every supervisor in Hancock County would see to it that no family would suffer in his township if he were given any notice at all concerning their circumstances. If we have a hearing the mother wishing to be pensioned comes into court with a few of her friends and of course if the court listens to the evidence there is nothing left to do except to grant to her a pension, which she may need a part of the year and a part of the year she does not. Many mothers claim a pension under the mistaken idea on their part that they do not become county paupers if they take under this law and seem to think they have as much right to a pension as any of our war veterans, while they are just as much county paupers as those residing at our county home.

For counties like our own where the population is not so numerous I think the supervisor is well enough acquainted with the families and can deal out better justice to the poor and the tax payer than can the county judge, and that we are not in need of the Mothers' Pension Law.

#### WILL COUNTY: COUNTY CLERK EDWIN G. YOUNG.

Your letter of inquiry dated August 17 in re Mothers' Pension Law received and I have answered the questions therein contained. I return said letter.

The importance of your inquiry I believe requires that I should state at some length what we are doing in this county in paying out and relieving families.

I will try and be brief but will try and give you all of the facts relating thereto as we find it in this county.

When the law was first passed and became operative Judge Cowing of our County Court and myself received a number of sets of blanks to be used in this matter but after inspecting the same we found that they were either too cumbersome and in many instances would not comply with the letter and spirit of the law. Judge Cowing then proceeded to work and drafted a complete set of blanks and which we now use exclusively in this county. He also prepared a register of families and children so as we could tell at a moment's notice the ages and the number of children and when the time expired for receiving aid for said children. We have also simplified the manner in which families report to us as to whether they are still entitled to aid under the law. We do this by an affidavit containing all of the provisions of the Act which we make the mother swear to each and every month before she receives her pension. This is one of the provisions that we have adopted and I have been unable to discover anything in the Act covering this matter. You can see that a mother at the time of the hearing may be entitled to receive aid, yet the following month some circumstances may have arisen whereby she would not be entitled to any further aid and by having her make an affidavit we believe that we are protecting the county. We also have our own record wherein we show an order on the application of the mother and also an order on the filing of the petitions setting them down for hearing and then the decree.

In answer to one of your questions as to how much money was collected for this fund the answer is \$10,000. This gives us approximately \$833.33 per month. We give aid at the present time to 41 families and the number of children of these families is 120, an average of three children to the family. The court grants aid to the mother at the following rate: Ten dollars for the oldest child and \$5 for each additional child per month. We are now paying to these 41 families the total sum of \$775 per month or an average of \$18.90 per family. The number of the children in these families run from one to seven children in a family.

The reason I quote these facts and figures is that I do not believe that too much credit can be given Judge Cowing for working out this system and the attention he gives to these matters and if it would be your desire to communicate or visit with us at any time we would be pleased to talk with you about the working out of this law or if it would be your desire to secure

a complete set of the blanks which have been drafted by Judge Cowing we would be pleased to forward the same to you.

If you know of any suggestions that you might offer to us whereby we could improve our system we would be glad to hear from you.

I believe I have stated all that I can recall at the present time in this matter and hope that I have not intruded on your time.

#### COOK COUNTY: COMPTROLLER FRANK S. RYAN.

Complying with your request of August 15, we are forwarding you under separate cover a copy of our Comptroller's Annual Report for the year 1913. On page 151 of this report you will find a statement of the Parents' Pension Fund, from the time it started until the end of our last fiscal year. This will give you exact figures. You will note that in July, 1913, there was a decided reduction in the number of families assisted and amount paid out monthly, owing to the fact that the law was amended June 30, 1913, effective July 1, 1913, placing restrictions in the law not embodied in the same as originally enacted. Since July, 1913, up to and including the present time, the number of beneficiaries receiving aid from this fund has remained about stationary, being around 345 families with about 1,135 children, at \$8,200 to \$8,500 per month. Stop payments are being ordered monthly and new cases admitted by the judge of the Juvenile Court, who has jurisdiction in these matters, and the amount originally appropriated for this year will just about take care of these payments.

The law authorizes the county board in any county to levy a tax not to exceed 3/10ths of 1 mill on the dollar annually, however, Cook County's revenue for this purpose is included in the aggregate of all the taxes required and a lump sum is appropriated when our Annual Appropriation Bill is made up. The amount appropriated for this year, 1914, is \$100,000.

The total amount expended annually for this purpose is not represented by the payments themselves to the families, as a corps of efficient investigators and clerks, under the direction of the Juvenile Court and County Agent, are continually devoting their time to these cases.

This Parents' Pension Law—as we designate it—is virtually a juvenile law, and we might suggest that you glance at the few preceding pages of our Annual Report, pages 147 to 150, on Industrial Schools, and get a broader idea of what Cook County is doing in juvenile work. The payments to industrial schools alone this year will approximate \$310,000.

To carry out the provisions relating to the juvenile laws it is necessary to maintain a Juvenile Detention Home and a corps of investigators, juvenile officers, etc., besides the assistance of 11 clerks from the circuit court clerk's office, and the entire time of one judge and an assistant judge should bring the total expenditures for this work up to at least \$600,000 per year—a very conservative estimate.

Any information relating to Cook County expenditures for charitable and educational purposes can be gleaned from a perusal of our Annual Report, but should there be anything which is not clear and you desire further information, shall be pleased to furnish it.

Any suggestions you may have to offer on this work and which you feel should be embodied in this year's report, would be pleased to have an expression from you.

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#### THE LIFE TRIUMPH OF ROMEO THOMPSON.

"Inasmuch as Ye Have Done It Unto One of the Least of These, My Brethren,  
Ye Have Done It Unto Me."

Romeo Thompson is dead. He has been given respectful burial and at his grave a marker will be erected.

Romeo was a child, fifty-three years of age, an inhabitant of the land of the feeble-minded. In the moron world he was a type and a hero. No page of history is to be filled with his deeds; these lines probably will be



the only ones to preserve to posterity, in which he will have no part, the record of his eventfully simple life.

Romeo was an infant, when, almost fifty years ago, he was abandoned by parents, or left stranded by their death, we are not told which.

This happened in Jacksonville. Dr. P. G. Gillett, the elder Dr. Gillett, father of the present superintendent, was in charge of the State School for the Deaf.

Upon him had been borne the necessity for an asylum for the so-called feeble-minded.

But before the State recognized this need, Dr. Gillett, took into his school a number of these unfortunates and established a class which later developed into a State institution and was transferred to Lincoln.

Romeo Thompson entered Dr. Gillett's private asylum and there found a refuge. He has lived contemporaneously with that institution. He was transferred with it as it passed from a private to a State school and from Jacksonville to Lincoln. He has seen all the buildings erected; all the superintendents come and go; the investigators and probers pass in and out; from an inmate among a few dozen he became an inmate among the hundreds.

Romeo was reliable. He enjoyed liberties and with his limited capacity and undeveloped mind found pleasure and joy in the simple things of life. He was of a religious nature and early became a Baptist and in the Lincoln church grew to be something of a favorite. No festivity was complete without him. He attended all services, was on terms of intimacy with his pastor and knew all the membership by name. During the year he saved his pennies and the nickels which found their way into his pockets and at Christmas gave them to make some child smile in the possession of a toy or a bag of candy.

Thus for many, many years he plodded through life along a road that was never clouded or dismayed. He knew no disappointments, no discouragements, no failures, no frowning anticipations. He was a child of the State and a child of nature. The State did all for him, fed him, clothed him, amused him, and he was happy. All kin long ago forsook him. No letter of inquiries for Romeo ever found its way past the portals of that great institution. If he had memories of father or mother, if he ever thought of them, no one knew it.

Thus for half a century he worked and played, worked and played as a child, no more, no less, seeking nothing more, needing nothing more.

There was only one little cloud on his horizon—fear of a pauper's grave. Many, many times he expressed to doctors and nurses his desire to be decently buried—his horror of an unnoticed death and a grave in an unmarked pine box.

The home instinct that never leaves the insane here found among the feeble-minded its corollary in a desire for decent burial—perhaps, after all a desire, an instinct, whatever you may call it, to leave some mark behind, to bid adieu to this earth prepared to enter another. With these creatures the physical aspect is all; it stands for all else, the mind, the soul; so to enter Home above, in decent attire, is no doubt the basal instinct that prompts this outward expression of desire for decent burial.

This desire became his obsession. So sincere was he in it and so insistent that he was promised it should be fulfilled.

One day a few weeks ago, Romeo was taken sick. His condition grew serious. Dr. Leonard, the superintendent, the physicians, nurses and employees called on him. The Baptist minister visited him. Romeo had an intuition that death was near and the burden of his heart was to be buried like other people. Those who stood by him and heard him saw dimly through the mist of tears the figure of the child who had lived for fifty years the life of the feeble-minded and they were moved by its lesson.

And so as the white sheet covered his lifeless form in the morgue of the school, the superintendent and the Baptist minister prepared to gratify the simple boy's lifelong wish. Romeo's funeral was like that of any man in free life. It was held in the gymnasium. There was a wreath of flowers

upon the casket. His friends and associates among the inmates were there. Some of them helped carry his coffin and to lower it into the grave. The superintendent and his staff, nurses, attendants and employees all gathered to do homage to a pioneer in that school whose life had not been lived in vain. The Baptist minister spoke. The Baptist Church paid a portion of the funeral expenses, the State provided a good coffin, a hearse took the body away, attended by the pall bearers and some of his companions. Upon the newmade grave rests the garland of flowers and at its head will stand a marker to tell the world who lies there.

So Romeo played a part in the world. He did one big thing when he insured all other children of his kind a decent burial. He has raised the service of a great State to its unfortunate to a higher plane of humanity, and has ennobled the words of the text, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me," and has given it a new meaning in Illinois State School for the Feeble-minded.

## WHY THE OPEN AIR SCHOOL MOVEMENT GROWS.

[By Sherman C. Kingsley, Director, Elizabeth McCormick Memorial Fund, formerly Superintendent United Charities of Chicago.]

A meeting on the subject of health took place recently in a large, well appointed, artistic room in a leading hotel of Chicago. Among other items of ideal equipment, the building had a model ventilating system. Attendance at this meeting was, of course, voluntary, the subjects were live, the speakers were leaders in their respective lines.



SHERMAN C. KINGSLEY.

Within an hour from the opening, however, a change was noticeable in the appearance of the audience. The general posture was a little less erect, fans appeared here and there, people began to yawn, others crumpled in their seats, some looked sleepy, others fidgeted, attention wandered. The speakers seemed to find it harder and harder to hold attention. At the end of an hour and a half the chairman interrupted proceedings and asked if the audience would like to stand while the doors and windows were opened. The suggestion was greeted with instant applause and the windows were opened. The resulting flood of fresh air in this room, already in theory ideally ventilated, freshened the audience, and in a few minutes they were again where they started in alertness, interest, in auditory efficiency. This process was repeated at intervals through the series of meetings, and every time with the same quickening results.

I have seen the same plan tried at other meetings, and always with the identical electric effect upon the audience. Fresh air has no theories about itself. It has qualities, not motives. Supplying fresh air and supplying a ventilating system are not necessarily one and the same thing.

On a Monday morning early in each September the bell of the American school summons the children. They come trooping in from the seashore, the country, from the streets, the parks, the gardens, very largely, whatever their condition, from a season spent out of doors. There is good color on the cheeks, and arms and hands are brown; for the sun and air have done their summer's work well; the children are refreshed and full of vim. With the approach of cool weather the school windows and doors are shut. The color goes off from cheeks and arms, snuffles and other child ailments appear. Fathers and mothers become anxious about waning appetites, nervousness and irritability, and the lessened vigor and vim of the children. This wilting process goes on until the end of the school year, when the children go back to the open to get recuperated again and ready for a repetition of the bleaching process the next school year. What shall it profit a child if he gain the whole curriculum and lose his health?



# WHEN FRESH AIR IS ALL IMPORTANT

THE GROWING, LEARNING CHILD MUST HAVE PURE AIR

What will it profit a child if it gain a world of knowledge and lose its health.



In a nut shell—

**S**tuffy Air  
tifies  
tudy &  
tunts  
tature.

Foul air blights child life  
much as it withers plant life.

To the point—

**P**ure Air  
romotes  
hysical &  
sychical  
erfection.

Pure air makes the  
fires of life burn brightly.



FROM A TO Z GIVE THE CHILD PURE AIR  
Compulsory Education must not mean compulsory physical degeneration

In round numbers, there are 20,000,000 school children in the United States. Their attendance is not altogether voluntary. Unlike the audience mentioned, they do not necessarily go because they are attracted by the speakers or because of their interest in the subject or the attractiveness of the room. Their programs have been prescribed for them, as have also the books, the desks, the appearance of the room, the ventilating system and the whole regime. A big percentage of the children go to schools where orders through engineers and janitors prevent any such process of opening windows as was above described; for the ventilating system is supposed to require that doors and windows be kept shut; and they have been kept shut out of veneration for the ventilating system.

Listlessness and inattention are often more pronounced in these child audiences than in the meeting mentioned or in others that any one who frequents audience rooms and churches can recall. A mandate says that children must go to school, and their period is five hours a day for five days in the week. Any one who has visited the average schoolroom and



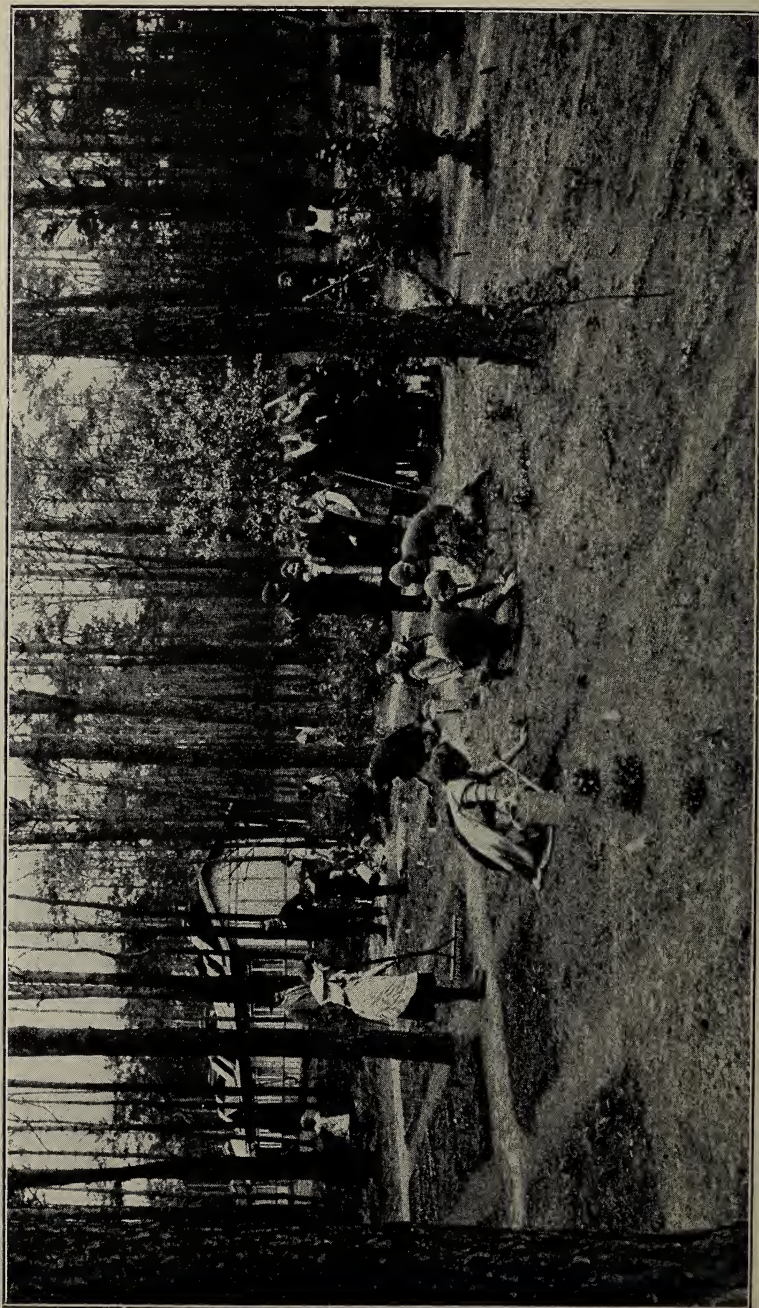
Interior Elizabeth McCormick Open-Air School No. 4 on roof of engine house, Graham School.

has sensed the effect of overheat and the discomforts of bad air can form some estimate of the importance of proper ventilation on the efficiency of the youth of the land who spend 100,000,000 hours a day in the schools of the country each school day.

First of all, then, the question of fresh air rights concerns 100 per cent of the children. Whatever the limitation in other commodities or elements, the adequacy of total supply of fresh air has never been challenged. No one has attempted to figure out how many cubic feet of air per inhabitant the Creator provided. It is evident, however, that among inalienable rights He reckoned fresh air, water and sunshine, and the greatest of these is fresh air. It is outside every building, and the efficiency and comfort of the children in every schoolhouse in the land can be enhanced by the simple process of periodic opening of windows and letting it in.

There was no loss of time to the audience mentioned in the few moments required to flood the room with fresh air. Rather, this saved time and promoted efficiency. By the simple process of turning off the out ducts the doors and windows of every schoolhouse, even where a ventilating system





Charlottenburg, Germany, Open Air School.



is installed, may be opened to the great advantage of the children. The schools are not run for the purpose of protecting the ventilating system, but for promoting the health and intellectuality of boys and girls. Mechanical systems are undoubtedly an aid if their limitations are recognized. They become a detriment when they are made a fetich and blindly worshipped.

So much for the general problem of fresh air as it relates to all the children. The open-air school has, however, so far aimed at a somewhat specialized problem. It is an effort to make the school regime sensitive to the individualities and needs of the children. They are not equal in physical condition or in ability to take the beneficent thing which the school system offers. In every community there are children at the desks who cannot see the blackboard or hear the teacher's voice—children who are anaemic, under-nourished and tuberculous, children whose environment imposes staggering handicaps.

The careful and discriminating work in the field of social service, notably in the past 10 or 15 years, has resulted in the acquaintance of large numbers of children of this type. Visiting nurses, probation officers, school



Candidates for open-air school treatment.

attendance officers, associated charities workers, have put forth efforts in behalf of these children through their different activities and points of view, trying to secure work for them, to get them out of trouble, to get physical defects corrected, to render a variety of services to overcome their difficulties and give them a chance.

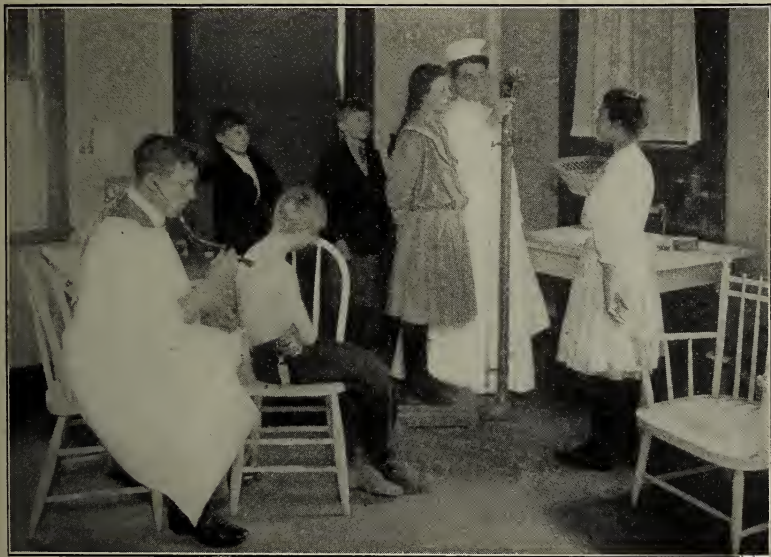
Then, again, medical inspection in the public school, which began as an effort to eliminate contagious diseases, has made a striking contribution too in this field. The medical officers have been returning lists of children whose bodies not only needed attention, but who needed some special adaptation of the school regime if their interests were to be served. These conditions prevail not only in this country, but similar results have been found wherever medical inspection has been in practice. In his book on "The Prevention of Destitution," Sidney Webb has this to say about the situation in England:

"When we get the child to school, knowledge of its condition becomes forced upon the community. The first results of systematic medical inspection are bringing home to our minds what every teacher knows, namely,





that a large proportion of the children are not in a fit state to have the public money spent on teaching them, because they are suffering to such an extent from neglect as to be unable to obtain full advantage of the instruction. What emerges from the cautious summaries of the chief medical officer of the Board of Education for England and Wales (Scotland and Ireland being at least as bad) is that out of all the 6,000,000 children in the elementary schools about 10 per cent suffer from serious defects in vision; from 3 to 5 per cent from defecting hearing; 1 to 3 per cent from suppurating ears; 8 per cent from adenoids or enlarged tonsils of sufficient degree to obstruct the nose or throat and to require surgical treatment; 20 to 40 per cent suffer from extensive and injurious decay of the teeth; 40 per cent from unclean heads; about 1 per cent suffer from ringworm; 1 per cent are affected with tuberculosis of readily recognizable form; and  $\frac{1}{2}$  to 2 per cent are afflicted with heart disease."

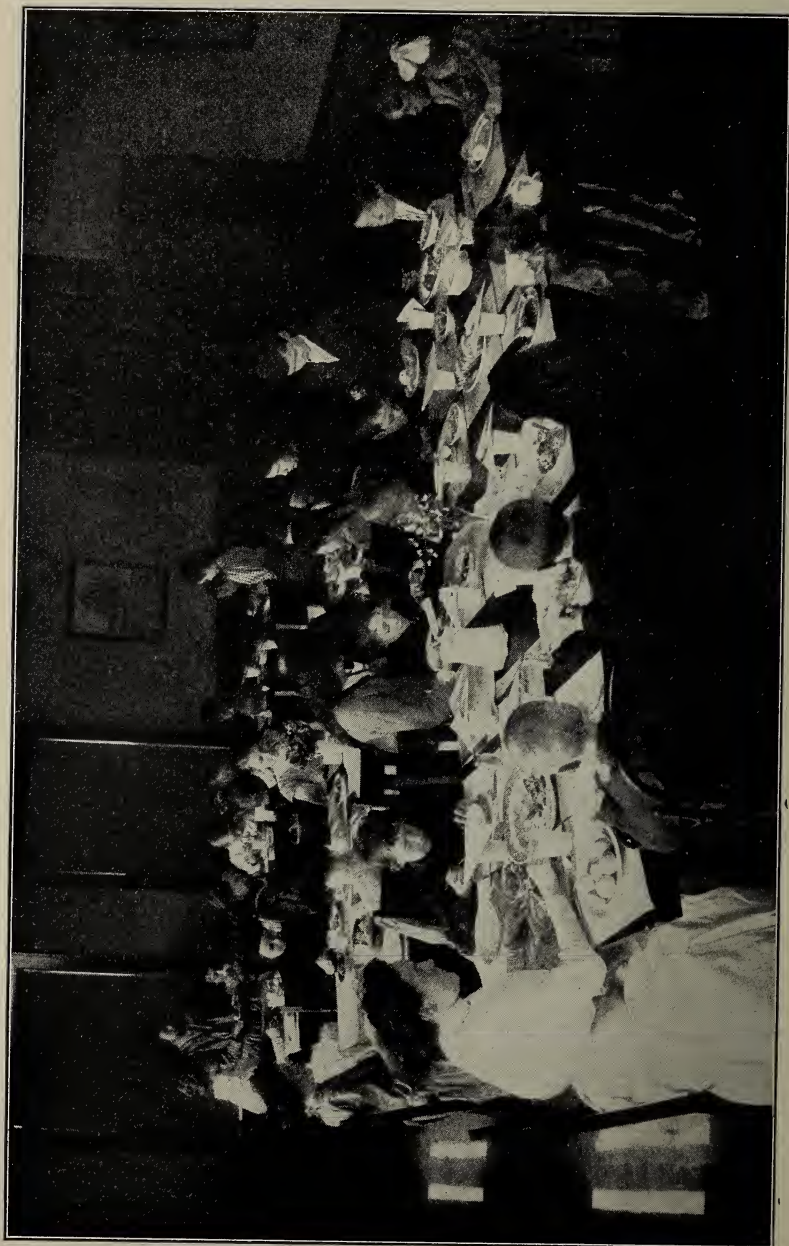


The monthly examination by the physician in charge.

The Municipal Tuberculosis Sanitarium of Chicago, which conducts 10 clinics scattered over the city, has on its lists 4,500 children who are tuberculous. The Commissioner of Health of the city of Chicago instructed the medical inspection staff of the Chicago schools, consisting of 100 physicians, to make a study of the children in need of open-air school treatment in their respective districts, and to report to him at the end of the school year. This inspection, which was casual, but which was nevertheless a conscientious effort on the part of the doctors to discover the children, resulted in a list of 5,248.

Leonard P. Ayres, in his book on "Open-Air Schools," states that for the year 1909-10 in the city of Boston the candidates for open air schools were selected by room teachers and nurses and submitted to the medical inspectors for final decision. There were then 900,000 children in the Boston schools. The children selected by the teachers were re-examined by the school physicians, and 4,489 children, or almost 5 per cent of the entire membership, were endorsed as needing such care. Mr. Ayres also quotes from figures in Atlanta, Ga., where medical inspection showed that children suffering from malnutrition, anaemia and cardiac diseases were 5.18 per cent of the total number. From St. Paul, in 1909, 2.7 per cent were suffering from cardiac diseases and tuberculosis.





Dinner time in one of Chicago's open-air schools



The first open-air school in America, Providence, Rhode Island.

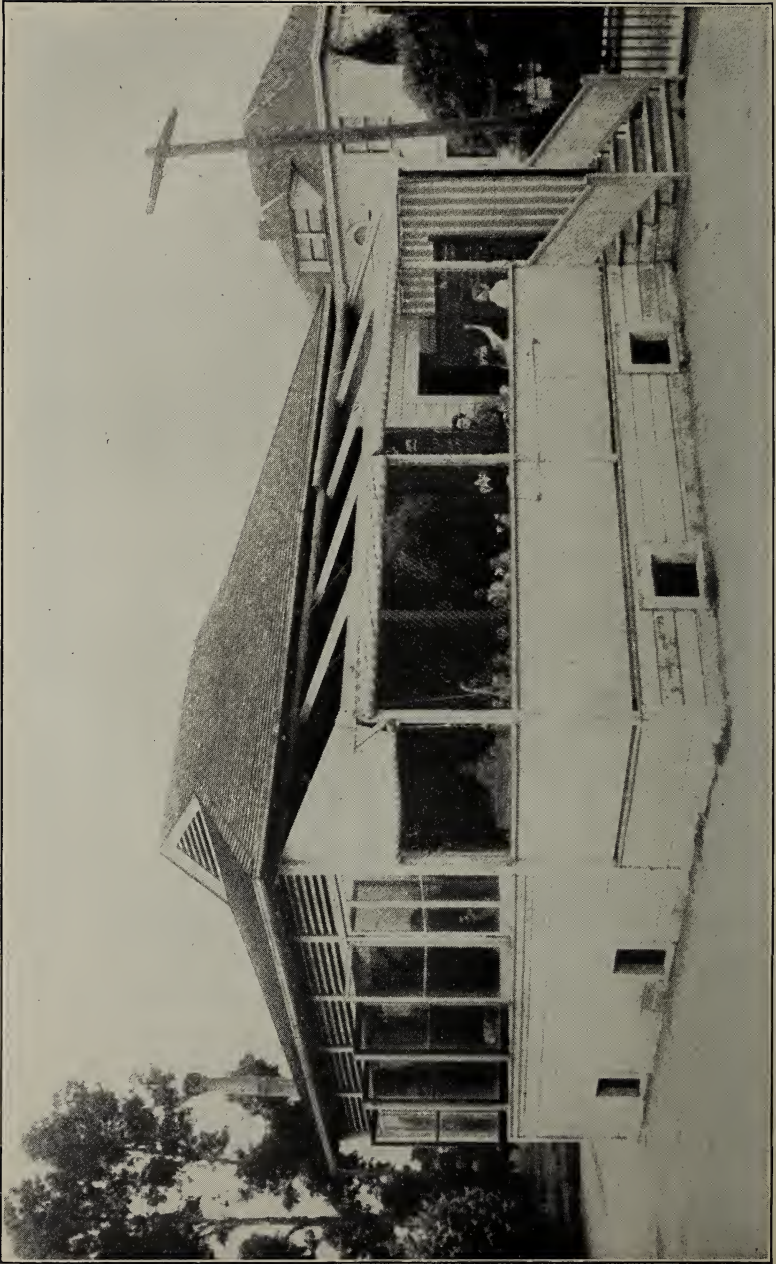
In 1908, Providence, R. I., knocked all the old-style windows out of the south side of an abandoned schoolhouse, and founded the first open-air school in America.



Interior of same building. New windows, all in one section, are swung up against the ceiling by a rope pulley. A jacketed stove furnishes the necessary heat.

From these and numerous other studies and estimates the number of school children needing special care and attention ranges from 2 to 10 per cent of the total school population. The lowest figure, 2 per cent, would mean about 400,000 such children in the United States.





California's first open-air school at Oakland. Open louvre on west, not shown, and south side. East entirely open except for canvas curtains



According to figures in the "Hand Book of Federal Statistics of Children," issued by the National Children's Bureau, 60.7 per cent of children 15 years of age and under in this country live in villages of less than 2,500 and in the country. This would mean over 240,000 of the 400,000 cited above.

Conditions in the country schools and in small villages are no better than in the larger cities. Judging from the infant mortality rate, which is 101 in New York City, compared with about 150 for the whole country, and which is lower also in Chicago and certain other large cities than in the general population, one is not certain but that city conditions would make a better showing in all lines of health work. In such places the importance of these problems is appreciated and provision is made for them. No community is free from the problem of the anaemic and undernourished child.

Childhood is the period when something definite and radical can be done for the individual. Society in its organized capacity takes possession of all the children, of all the people, at a crucial period of their lives. The school is their forum, the teacher their guide and leader. The teachings



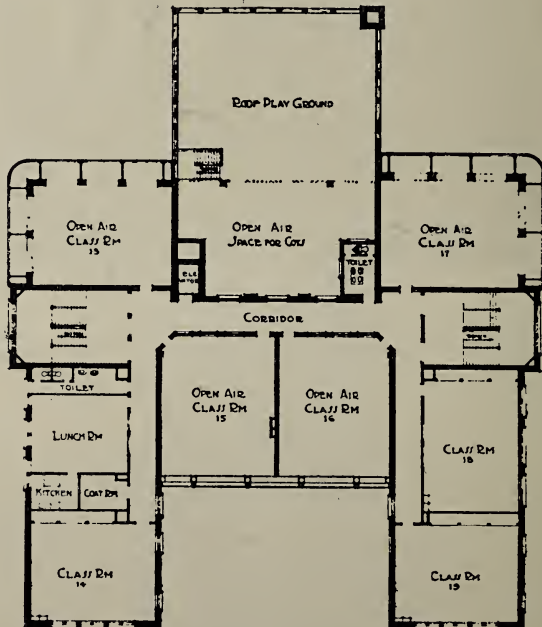
The barn that became a schoolhouse, Waterbury, Conn.

and public opinion promoted here are the law and the prophets to the children. They almost supersede those of the home. Compulsory attendance at school carries with it the inherent obligation to promote and not to injure the health of children.

The first open-air school was started in Charlottenburg Germany, in 1904. The Germans, with characteristic thoroughness in their school inspection work, were discovering increasing numbers of children whose physical condition prevented them from benefiting by the school experience. Conferences and discussions resulted in the forest schools of Charlottenburg. The equipment consisted of an inexpensively constructed building for school purposes, a resting shed and opportunities for dining purposes. The grounds are ample. At one end of the building are gardens, at the other a place where the children can play in their own way. Adjoining is a place for pets, rabbits, doves, ponies and other pets. The children are taught to care for them, to make cages and structures for their comfort. This, with the work in the garden, school journeys and nature study walks, afford a most interesting life in the open. It stimulates observation, gives the children an immediate avenue for applying their drawing and manual skill, and increases their whole interest.



A Cleveland building that repays study. The Eagle School, Cleveland Ohio.



Fourth-floor plan of Eagle School.

Four open-air schools on the roof, reached by an electric elevator, ample playgrounds, protected by heavy wire nettings, gardens, shower-baths, rest-rooms toilets, medical dispensary and a large dining-room with kitchen.

The results of this work were decidedly satisfactory. They were shown by the improved general appearance of the children and by the individual physical examinations. They were further shown with regard to appetite, attention, general temperament and appearance. Out of 107 children, the three months' experience showed decided improvement or complete cure in 73 cases. To these favorable results should be added increase in weight, which was about one-half pound a week for each child. Their powers of resistance were also greatly enhanced by the life in the open. Similar results have followed wherever the open-air school has been tried.

This experiment spread rapidly to other German cities and to England and other countries. The first school was started in the United States in Providence in 1908. In foreign schools the general plan of structure and



Panama Canal No. 2. Everybody interested.

equipment at Charlottenburg has been followed. The importance of a proper setting has great emphasis. It is usually considered that one acre of ground for 50 children is a minimum requirement.

#### THE NATURE AND METHOD OF THE OPEN-AIR SCHOOL.

Certain methods and principles govern the conduct of such schools.

1. *Careful medical examinations.* The condition of each child is determined by a careful diagnosis. Physical defects and handicaps are noted and so far as possible corrected. The child remains for an extended period under such supervision and observation.

2. *Fresh air and sunlight.* An abundance of fresh air is provided. This leads to aeration and expansion of the lungs and reacts favorably on the oxygenation of the blood.

3. *A proper and sufficient diet.* As has already been said, many school children are malnourished and debilitated. They need nutritious food in quantities and regularly served.



4. *Rest.* In practically all the open-air schools a rest period is a part of the regime. "Rest is the necessary antecedent to the healthy accomplishment of both repair and growth." The Chief Medical Officer of the Board of Education of London for 1913 writes: "It would be difficult to exaggerate the physical and mental injury which children suffer from a lack of sufficient sleep and abundant rest. Large numbers of children who require for physical health at least 10 hours' rest at night are obtaining much less than that amount, and this one fact is responsible for not a little of their physical unfitness and mental dullness. Further, there are various maladies from which they suffer and which are being revealed by medical inspection, which call for the therapeutic remedy of rest. In brief, a combination of rest, fresh air and suitable food is the prescription required. Hence, it has come to be a rule in open-air schools that from one-half to two hours in the middle of the day shall be spent by the children in a horizontal position."

5. *Individual attention.* The usual number of children per class in open-air schools is 25. This makes it possible for the teacher to know her children and give such attention as cannot be afforded in the ordinary school. This includes both body and mind, as well as the child's home environment. There is in addition the nursing and medical care, constant interplay between the school and the home.

6. *Special educational methods.* There has been a modification of the curriculum for such children. Their education is made more objective, more manual, calling into play more individual expression of the child's capacity for doing and making. This phase of the work has been more completely worked out in the foreign schools than in this country. A strong point is made there of working out subjects along motor and sensory lines, physical training, nature study, gardening, handicraft, etc.

7. "*A hygienic way of life.*" The open-air school attempts to apply to the condition and needs of these children the best thought that the medical and teaching professions can devise. The school makes a definite effort to make the school experience as rich and helpful as possible to those children who have special needs and who have been among the earliest to fall out of school—needs most and receiving least.

In the beginning of the movement in the United States, ferry-boats, unused schoolhouses, roofs and vacant buildings of one kind or another—anything that a devoted group of people here and there could get, was used as a sort of makeshift manger for the birth of the new movement in their community. Buildings and equipment specially devised for this purpose are now coming into existence in cities all over the United States. Detroit, Syracuse, Rochester, St. Louis, Oakland and other cities have such schools. Still other cities are building and others have them in prospect. Altogether, there are 389 open-air schools in the United States.

In Chicago the open-air school work is carried on by the Elizabeth McCormick Memorial Fund in cooperation with the Board of Education, the Municipal Sanitarium, and other agencies. The first year-round open-air school was on the roof of the Mary Crane Nursery. Another is on the roof of the Municipal Bath, still another on the engine house of the Graham Public School. The others are open window rooms. A room in an ordinary school building is selected and the windows kept open, with the air conditions as near those on the outside as possible. The temperature in such a room in the winter months will average about 55. The medical and nursing care, feeding and rest, and all other features in the conduct of the school are carried on along the same lines as described above. Such work should always be under competent medical supervision.

Teachers for this work should be selected whose interest goes beyond the mere routine of ordinary school work. It is almost the universal experience with open-air schools that teachers become more intensely interested than ever before in the pupils. One reason is because there are fewer of the children and it is possible for the teacher to individualize and to know the child in relation to his environment and background. This reacts upon the teacher and she can serve the child's interests more vitally and effectively because of this knowledge.

The movement is spreading rapidly and the interest in it is so vital that the United States Commissioner of Education has found it expedient to prepare a special bulletin on the subject. The Elizabeth McCormick Memorial Fund is cooperating in the preparation of such a bulletin, the director having been appointed a special collaborator for this purpose. Interesting material has been gathered from practically every such school and enterprise in the world, almost full returns having been received before the outbreak of the war. The movement has reached the stage of definite policy in certain cities in the United States.

As an example, this is the policy of the Boston School Committee:

1. The extension of open-air classes until every child needing such treatment is provided for.

2. Maximum temperature 66° F. for all class-rooms.

3. Windows open on one side of each class-room at all times.

4. Periodic flushing of each class-room with fresh air.

5. Physical instructors in high schools relieved of duties one day each week to inspect and report heating and ventilating conditions in elementary schools.

A school commission in Oakland promulgated this program:

1. At least one open air schoolroom that cannot be entirely closed in each new building.

2. Provision in all new buildings for transforming every class-room into an open-air room.

3. Construction of one or more buildings entirely of the open-air type.

This is from the last report of the Pittsburgh Board of Public Education: "Practically, our suggestion is that every new school building erected in the city should provide an open-air room, and that some of the school buildings already in use be set apart each year by such reconstruction and modification as the buildings will permit and the financial resources of the board will justify. But the fact remains that the physical vigor of the child is of first importance in the training for a healthful and useful citizenship."

In the great State of Illinois a large number of school houses are built every year. Why should not sites be selected with the greatest care possible to afford the richest, most attractive and stimulating setting for school plant? Why should not school trustees and those responsible supply every new building with possibilities for fresh air for all the children and with special facilities to meet the needs of the anaemic, the undernourished, the tuberculous and handicapped child?

Club houses for men and women are made attractive and homelike. It is even more important that the atmosphere of the schoolroom should appeal to the child's sense of comfort and satisfaction. The room should fit. The American school is relied on to give the child ideals, education and outlook on life. The school should understand the child and should minister to his individuality and needs through a regime which supplies personality in the way of teachers, equipment and resources, that will set him individually farthest on his way. The world demands as never before not only a good quality of mind, but bodies fit for the day's work.

Final examinations should be applied to the school as well as the child, and one question should be: Did the school, trying to improve Johnny's mind, spoil his body?

## SUMMARY OF ILLINOIS CHARITY STATUTES AND OUTLINE OF ITS CHARITY SERVICE.

The Bureau of the Census, in connection with its reports on the dependent classes, is preparing summaries of the principal state statutes in regard to these classes, especially paupers, the insane and feeble-minded, and dependent children and adults.

These summaries are not intended to serve as digests, or to be authoritative from a legal standpoint, but rather as outlines, descriptive of the methods adopted by the states in dealing with these classes. In order to bring the material within practical limits of space, those special features have been selected which seemed most essential to a clear and accurate understanding of the situation. The reference to the statutes will make it easy for those desirous of fuller information to secure it.

The Census Bureau has given the Institution Quarterly permission to publish the summary which has been prepared of Illinois' system.

The summary is invaluable and is one of the most important papers we have published in the Quarterly. It is down to date.

It follows:

### I. *Administrative and Supervisory Agencies.*

#### A. Public.

##### 1. General.

- (1) Board of Administration of State Charities.
- (2) Charities Commission.
- (3) Board of Visitors.
- (4) Superintendent of Public Instruction.

##### 2. Local.

#### B. Private.

### II. *Poor Relief.*

#### A. Conditions of relief.

1. Persons entitled to relief.
2. Legal settlement.
3. Responsibility of relatives.

#### B. Methods of relief.

1. Institutional relief.
2. Outdoor relief.

### III. *Classes Receiving Special Care.*

- A. Children.
- B. The sick.
- C. The blind.
- D. The deaf.
- E. The insane.
- F. The feeble-minded.
- G. Epileptics.
- H. Soldiers, sailors and marines.

#### Authorities:

Revised Statutes of 1908.

Laws of 1909, 1911, and 1913.

(Side reference refers to chapters and sections of Revised Statutes, and to pages of Session Laws.)

### I. *Administrative and Supervisory Agencies.*

#### A. Public.

##### 1. General.

1909:p. 104

(1) The Board of Administration of State Charities consists of five salaried members, appointed by the Governor and confirmed by the Senate. One of the members must have had experience in the care and treatment of the insane, feeble-minded, and epileptic; no member at the time of his appointment or thereafter "shall be a director or in any



manner officially related to an institution subject to the inspection of the board," and not more than three of the members shall belong to, or be affiliated with, the same political party.

1909:p. 106

The board exercises executive and administrative supervision over all State charitable institutions, taking the place of the boards of trustees, managers, or commissioners of such institutions, in charge previous to its organization June 15, 1909.

1909:p. 107

The duties of the board include: Inspection and investigation of outdoor poor relief, almshouses, children's homefinding societies, orphanages and lying-in hospitals; inspection, investigation and licensing of all institutions or places in which any person is or may be detained for care or treatment for mental or nervous diseases; the appointment of superintendents or managing officers of the State charitable institutions and, subject to the Civil Service Law, of all other employees of the said institutions; of the State Psychopathic Institute and of the Board of Administration; and the appointment of a State agent and visitors for the visitation of children placed in family homes; and of a State deportation agent to have care of the deportation of alien inmates of State hospitals.

1911:125

1913:130

1909:p. 108

The board may, on complaint in writing of at least two reputable citizens, visit and inspect any charitable society, institution or association, which appeals to the public for aid, or is supported by trust funds, and report to the Governor upon its efficiency, economy and usefulness. It also inspects and investigates correctional institutions to collect statistics as to inmates and to ascertain how the insane are treated; regulates the admission of patients and inmates into the State hospitals for the insane, and the Lincoln State School and Colony for Feeble-Minded Children; and possesses all corporate and other powers of the board of trustees of the Illinois State Colony for Improvable Epileptics. Each institution must be visited at least once a quarter by a member of the board. It visits children placed in family homes, and has supervisory power and control of the incorporation of associations for the care of dependent, neglected or delinquent children; assuming in these particulars the duties of the Board of State Commissioners of Public Charities.

1909:p. 121

1909:p. 115

The board chooses one of its members to act as fiscal supervisor and he is required to examine into the condition of all property connected with any State charitable institution and all matters relating to its business and financial management, and the purchase of supplies; and the State Food Commissioner is instructed to cooperate in making such tests as may be needed. The State Treasurer acts as treasurer for all funds under the jurisdiction of the board, and warrants are made out by the State Auditor.

1910:p. 110

The fiscal supervisor reports quarterly to the board and the board makes annual report, including that of the supervisor, to the Governor; it also makes such other reports to the Governor as he may call for.

1909:p. 109

At least once a year the board is required to hold a conference with the superintendent of managing officers of the several institutions and the members of the Charities Commission, for the purpose of considering methods of caring for the wards of the State.

1909:p. 103

The institutions under the immediate control of the Board of Administration are: Seven hospitals for the insane (Elgin, Kankakee, Jacksonville, Anna, Peoria, Watertown, and Chester State Hospitals). Illinois Asylum for Feeble-minded Children, Illinois State Colony for Improvable Epileptics, Illinois School for the Deaf, Illinois School for the Blind, Illinois Industrial Home for the Blind, Illinois Soldiers' and Sailors' Home, Soldiers' Widows' Home of Illinois, Illinois Soldiers' Orphans'

Home, Illinois Charitable Eye and Ear Infirmary, State Train  
ing School for Girls, St. Charles' School for Boys, State  
Psychopathic Institute.

1909:p. 110

(2) The Charities Commission, consisting of five members, is appointed in the same manner as is the Board of Administration. The members serve without compensation though expenses are met and there is a salaried secretary. The commission is instructed to investigate the whole system of public charitable institutions and to examine into their condition and management, especially State hospitals, jails and almshouses; and the officers in charge of such institutions are required to furnish such information as may be desired. The commission may inquire into the equipment, management and policies of all institutions and organizations coming under the supervision and inspection of the Board of Administration, and is required to investigate any State charitable institution at the direction of the Governor and to report upon the same.

1909:p. 121

The Charities Commission may hold conferences of officers of State, county, and municipal charitable institutions, of officials responsible for the administration of public funds used for the relief and maintenance of the poor, of boards of institution visitors, and of county visitors, to consider the most effective plans for granting public relief to the poor, and for similar objects. Plans for almshouses, etc., must be submitted to the Board of Administration for criticism and suggestions for the improvement of the same. The commission may act as a whole or through committees and reports annually to the Governor.

(3) A board of visitors, three in number, one of whom must be a woman, is appointed by the Governor with the consent of the Senate, for each State charitable institution. Each board is required to maintain an effective inspection of its respective institution by means of frequent visits to the same, and to make a written report within ten days after such inspection, and a general annual report, to the Charities Commission.

23:49

(4) The Superintendent of Public Instruction is required to visit such of the charitable institutions of the State as are educational in their character, and to examine their facilities for instruction, and the superintendents of these institutions are required to make to him reports on educational matters in such forms as he may prescribe.

## 2. Local.

107:18

The system of local supervision of poor relief varies according to whether or not the county is under township organization. In counties under township organization the supervisors of the respective towns are ex officio overseers of their towns, excepting that in a town of 4,000 or more inhabitants, upon written request of the supervisors, the county board may appoint an overseer. In such counties also, the county board may establish and maintain a poorhouse to which the township overseers may send poor persons.

107:19

In counties not under township organization the county board designates some justice of the peace, or other suitable person, in each precinct, to be overseer of the poor in that precinct, appoints a county agent to have general supervision of poor relief, and a county physician; provides and maintains a county poorhouse and farm; and makes appropriations for poor relief.

107:20, 25, 27

The overseers have the care and oversight of all poor persons who, from unavoidable cause, are unable to earn a livelihood and are not supported by their relatives or at the county poorhouse. They report to the county board or to the town auditors.

## B. Private.

23:182 Private associations for the care of dependent and  
 1909:p. 121 neglected children may be incorporated, subject to preliminary  
 examination and approval of the Board of Administration and  
 to the inspection of the Charities Commission.

122:333:346 Private industrial or training schools for girls or boys may  
 be incorporated on the written consent of the Governor, after  
 investigation by the Board of Administration, and are subject  
 to the inspection and supervision of the Board of Administration  
 and to the inspection of the Charities Commission.

23:5 Any charitable association or institution of the State appeal-  
 ing to the public for aid or supported by trust funds may, upon  
 complaint of two reputable citizens, be visited and inspected  
 by the Board of Administration, which then reports to the  
 Governor upon its efficiency, economy and usefulness.

1909:p. 120 All private institutions for the treatment and care of  
 persons suffering from mental and nervous diseases, to which  
 such persons are committed and held without their consent,  
 must be licensed by the Board of Administration, subject to  
 1909:p. 110 its inspection and supervision, and also to the inspection of the  
 Charities Commission, and must make to it such reports as it  
 may require.

II. *Poor Relief.*

## A. Conditions of relief.

## 1. Persons entitled to relief.

107:1 A poor person unable to earn a livelihood by  
 1909:p. 299 reason of bodily infirmity, idiocy, lunacy or other unavoidable  
 cause, who has no relatives legally bound and able to support  
 107:14 & 15 him, and who has legal settlement in a town or county, must  
 be supported by the town or by the county.

1913:127 A woman whose husband is dead or has become incapaci-  
 tated for work by reason of physical or mental infirmity, who  
 has had three years residence in the county, is the mother of  
 a child or children under 14 years of age, is a proper person  
 to care for her children, and is unable to support them without  
 neglect of her home and sacrifice of health, is entitled, on  
 application to and examination and approval by the Juvenile  
 Court or the County Court, to receive a limited monthly allow-  
 ance for each child on a graded system and under certain  
 conditions of residence.

## 2. Legal settlement.

107:16 Legal settlement in a county or town is  
 acquired by residence therein continuously for one year. A  
 poor person who has no legal settlement is chargeable to the  
 town or county in which he last resided for the requisite length  
 of time, and may be removed to such town or county at its  
 107:13 expense. Any person who knowingly brings and leaves in any  
 county in the State a pauper who is not lawfully settled therein,  
 is liable to a fine.

107:24 A non-resident poor person sick or in distress may be given  
 such temporary relief by the overseers of the poor as they deem  
 necessary, the county to pay the reasonable expenses which may  
 be recovered from the relatives of the poor person or the county  
 in which he had a legal residence.

## 3. Responsibility of relatives.

1909:299 The following relatives, if of sufficient ability,  
 are responsible in the order named for the support of a poor  
 person: Children, parents, brothers and sisters, grandchildren  
 and grandparents. A married woman, while her husband is  
 living, is liable for the support of a relative only in case she has  
 property in her own right. Any person becoming poor as a  
 result of intemperance or other bad habit is entitled to aid  
 107:1 from parents or children only.



## B. Methods of relief.

## 1. Institutional relief.

107:28, 33

County boards, irrespective of whether the counties are under the township or county system, are authorized to provide and maintain poorhouses and farms. When the county system prevails, all poor persons requiring care and support must be cared for in the poorhouse except as otherwise specially provided. In counties under the township system, the towns may send their poor persons to the poorhouse, paying the rate set by the county board, or may provide for them otherwise as they think best.

107:29, 31

County agents, overseers of the poor, and keepers of poorhouses, are required to keep full records of all persons received, including name, place of birth, form of relief, cause of dependence, and time of admission and discharge; also a full account of expenditures.

## 2. Outdoor relief.

107:21

If the county has no poorhouse the overseers are authorized, with the approval of the town or county authorities, to contract for the support of the poor. They may also, at the discretion of the county board, grant temporary relief without the recipient being committed to the care of any person or institution. The overseers make reports to the board of town auditors or, where the counties are responsible, to the county board.

107:23

107:25

107:27

III. *Classes Receiving Special Care.*

## A. Children.

23:169

Any male child under the age of 17, or any female under the age of 18, who for any reason is destitute, homeless, or abandoned, who is dependent upon the public for support, who begs or receives alms, who has not proper parental care or guardianship, who is found in immoral surroundings or in the company of vicious or disreputable persons, and any child under the age of 10 found peddling or selling any article, singing or playing any instrument on the streets for gain, giving or aiding to give any public entertainment, is declared to be a dependent or neglected child in distinction from a delinquent or vicious child.

23:170

Dependent children are under the jurisdiction of the Circuit and County Courts of the several counties acting as Juvenile Courts. These are empowered to allow any such child to remain in its own home under the supervision of a probation officer, or to commit it to the guardianship of a responsible person of good moral character, with directions to place it in some suitable family home; or to a suitable State institution organized for the care of neglected or dependent children; or to some industrial or training school; or to some association embracing in its objects the caring for, or obtaining homes for, such children. In case the parents are proper guardians but are poor and unable to care for the child, a proper allowance may be made to enable them to do so, and the child may remain in their care. In each case where a child is committed to an institution or association, the court appoints an officer of such institution or association guardian of the person of the child; care is also taken to place the child with individuals of the same religious belief as its parents, or with an institution controlled by persons of like religious faith. Children placed in homes are subject to the visitation of a State agent appointed by the Board of Administration of State Charities, or by visitors appointed by the board for the purpose of such supervision. Any boy or girl committed to the training or industrial school may be placed in the home of any good citizen by the officers of the institution, or be given to any suitable person who will

1911:126

23:176

23:185

1911:125

122:330

adopt him, or be apprenticed till of age, the officers of the institution to have a supervising care over such child.

107:43 Children under 14 years of age, in custody of the keepers of poor farms, who have no parents or legal guardian, may be released by the county judge whenever good homes can be secured for them.

23:177b A dependent or neglected child who is in need of medical treatment may be placed in a public hospital for treatment, or in a private institution willing to receive and treat it without cost to the public authorities.

23:271 The board of county commissioners or the board of supervisors, as the case may be, in any county, is authorized to establish and maintain a detention home for the temporary care and custody of children committed by the county whether for dependency or delinquency. For each such home the county judge appoints a superintendent and a matron, one of whom must be competent to instruct children in branches of education similar to those of the public schools up to and including the eighth grade. The home is to be suitably equipped and conducted as nearly as practicable like a family home and public school. The superintendent reports annually to the county commissioners or board of supervisors, and must furnish to said boards or to the county judge, such information as may at any time be required concerning the home.

9:1-19 The overseers of the poor, with the consent of the judge of the County or Circuit Court, may under certain conditions of education, bind as an apprentice, clerk or servant, until of age, any child under 16 years of age who begs for alms, or who is supported in whole or in part by the county or town.

107:41 Pauper children in the county poorhouses are to be permitted to attend the district schools of the State, their tuition being paid by the county.

#### B. The sick.

1913:135 Any county or city may contribute such sums toward erecting, building, maintaining and supporting any non-sectarian public hospital for the sick or infirm located within its limits, as the county board or city council may deem wise.

24:685 Cities, villages, and counties are authorized to establish free tuberculosis sanitariums for the treatment and care of their citizens afflicted with tuberculosis.

1909:p.143  
1909:p.162  
1913:182  
23:24 Indigent residents of the State who are afflicted with diseases of the eye or ear are entitled to gratuitous board and medical and surgical treatment in the Illinois Charitable Eye and Ear Infirmary.

23:267 Poor persons duly certified by regular physicians to have been bitten by rabid animals, or otherwise put in danger of infection with rabies, may be sent to some institution selected by the State Board of Health for treatment, at the expense of the State for the treatment and of the county for transportation.

#### C. The blind.

25:22 For the instruction of blind persons, and to promote their intellectual, moral and physical culture, the Illinois School for the Blind and the Illinois Industrial Home for the Blind, have been established. Admittance to them is in accordance with rules under the control of the Board of Administration. In case of indigent persons, transportation may be provided by the counties from which they come.

23:45  
23:246 Adult blind persons who have resided 10 years in the State and three in the county, who have not charges of any charitable institution, and who have not an income exceeding \$250 a year may, at the discretion of the county board, receive the sum of \$150 annually so long as they reside in the county.

1911:502        Boards of education and school directors are empowered to establish and maintain classes and schools for the deaf and dumb and blind residents of their cities.

D. The deaf.

23:22        For the education and the intellectual, moral and physical development of deaf persons, the Illinois School for the Deaf is established and all residents of the State who are admitted are entitled to free board, tuition and treatment, and

23:45        under certain conditions to transportation, at the expense of the county where they reside.

E. The insane.

1909:p. 117       Indigent insane persons are cared for and treated at the expense of the State, in the State Hospital for the Insane under the control of the Board of Administration. Insane inmates of poorhouses are to be transferred to the State hospitals as rapidly as provision can be made, and a person

p. 118       committed to a State hospital cannot be recommitted to a county institution or to town, county or city officials. Relatives or

p. 119       friends of inmates of State hospitals, if liable for their support and willing, are expected to assume that support, paying a fair rate towards the cost of maintenance as fixed by the Board of Administration.

p. 119       Any insane inmate in any State hospital for the insane may be placed at board in a suitable family home by the board at a cost not exceeding the cost of maintenance in the hospital, and such person must be visited at least once in three months

p. 120       by an accredited agent of the board. Each State hospital is instructed to secure the earliest possible discharge of inmates from the hospital, and to provide for a continuance of free expert medical service for all paroled or discharged persons, as long as may be deemed necessary by the superintendent.

F. The feeble-minded.

23:18c       Indigent feeble-minded residents of the State may receive care and instruction free of expense in the Illinois Asylum for Feeble-minded Children, and no feeble-minded woman or child is permitted to be cared for in any county hospital or almshouse provided there are accommodations for the same in the State institution.

G. Epileptics.

23:161       Indigent persons afflicted with epilepsy may receive treatment free of charge in the State Colony for Improvable Epileptics.

1913:131

H. Soldiers, sailors, and marines.

23:106       Honorably discharged soldiers and sailors who served in the army or navy of the United States in the Civil, Mexican or Spanish-American wars, who were credited to the State or who have been residents of the State during the two years next preceding the date of application and who are disabled by wounds or disease and unable to earn their living, are entitled to maintenance in the Illinois Soldiers' and Sailors' Home, pension money, under certain conditions, being deposited with the superintendent. The wife of an inmate of the home is also entitled to admission provided her marriage to the said inmate took place prior to January 1, 1890, and that she shall be at least 50 years of age.

23:129       The mothers, wives, widows and daughters of honorably discharged soldiers and sailors who have served in the army or navy of the United States are eligible for admission to the Soldiers' Widows' Home of Illinois, provided they have no adequate means of support, and are unable in consequence of mental or physical disability to support themselves.

23:23       The indigent children of deceased or indigent and disabled fathers who have served in the army or navy of the United States, may be cared for in the Illinois Soldiers' Orphans' Home.



Such children under 5 years of age are first to be cared for, then if the accommodations provided are sufficient, boys to the age of 14 and girls to the age of 16 may be received, special arrangements being left in the power of the Board of Administration. Children committed to the home may be placed by the superintendent of the same in suitable private homes when such places are found.

23:141 Indigent and suffering soldiers, sailors, and marines, who served in the Civil, Spanish-American or Philippine wars or Boxer uprising in China, and their families, and the indigent families of deceased veterans may be provided by the overseers of the poor with such sums of money as may be necessary for their relief, the same to be drawn upon by the commander and quartermaster of any post of the Grand Army of the Republic, or of any camp of Spanish war veterans, provided that the persons receiving relief shall have resided in the State for one year or more.

23:145 The overseers of the poor are prohibited from sending indigent soldiers, sailors and marines, or the families of such to any almshouse or orphan asylum, without the consent of the commander and relief committee of the post of the Grand Army of the Republic, or of the camp of Spanish war veterans, or Army of the Philippines, having jurisdiction in the case.

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## THE EIGHT HOUR SYSTEM.

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The eight hour work day has become a fact in five of the Illinois State Hospitals for the Insane and probably, by the time this issue of the Quarterly reaches its readers, the other institutions in that group will have adopted it.

Illinois is the first State to place its charitable institutions on the eight hour basis.

Ten years ago the Peoria State Hospital installed it and for a decade, Dr. Zeller, its superintendent, advocated it throughout Illinois. During that period frequent endorsement of it was given by the State Board of Charities and its successor, the State Charities Commission.

The Board of Administration has believed in it but the General Assembly has never made appropriations sufficient to make it possible.

There stood in the way also the old tradition that a hospital could not be operated on a three shift plan. Superintendents and supervisors and many employees themselves contended that the thirteen and eleven hour days were necessary and preferable. Strange as it may seem, there are many employees now in the service who say they prefer the longer to the shorter day.

The eight hour day has been made possible at this time through economies in the administration of the institutions, and the liberal appropriations of the last General Assembly for maintenance. The installation of many mechanical labor and money saving devices and the adoption of numerous modern ideas in business administration have resulted in savings, the accumulations of which are now sufficient to warrant the eight hour day.

The eight hour day does not cost a third more than the two shift plan. The increase in wages, when the system is fully in operation, will be very little.

The system has worked so well at the Peoria State Hospital and is giving such satisfaction in the hospitals which have only recently adopted it that all the arguments that have been advanced in its behalf have been vindicated.

Some labor leaders are disposed to take to themselves sole credit for the reform but, in the light of history and the facts, the credit belongs to a number of men and women in the service who have contended for it for at least 10 years and to the present administration which has had the nerve to face probable criticism on the score of expense.

Illinois is sure to create sentiment along the same lines in other states. So far as we have been able to learn, the eight hour system has not been seriously considered anywhere else. The belief that the additional expense will be so large as to make it prohibitive prevails. The same theory was advanced against the woman's ten hour law and many other legislative acts affecting the hours and labor conditions in our State. It was said that Illinois would be placed in such a disadvantageous position, it could not compete with other states where such laws were not in operation. Yet we find Illinois manufacturing and commercial interests holding a commanding place in the business world.

The eight hour system in the State institutions will add a few thousand dollars annually to their cost but the better service that men and women can give under it will develop economies in other directions which will overcome this particular increase.

## EMPLOYEES TO LIVE "OFF GROUNDS."

The Illinois State charity service has under consideration a very radical departure from accepted institutional procedure.

It has been proposed that nurses, attendants and physicians, especially in the State hospitals for the insane, shall live and maintain themselves off the grounds of the institution where they are employed.

The State will add to their wages and salaries such sums as may be necessary to equalize the expense which they will be put to under the new system.

Its adoption will not be hasty. It is so radical in every respect that every objection against it will be given careful consideration. There are many points in its favor and some against it.

The complaints which emanate from employees of these institutions are due, in a measure at least, to a deeper underlying condition than we are wont to discover. The absence of any responsibility on their part is a very marked fault in institution life.

The employee enters the hospital and finds everything prepared for him. There is a room which someone else has occupied. There is no opportunity for him to express any of his individuality. His meals are prepared and served and he has no voice in the matter, no responsibility for the service or the food. Whatever entertainment there is, is provided by the institution and he takes no part in it, except that of an automaton. The result is failure to understand any of the difficulties encountered by those who have been charged with these responsibilities on his behalf and to appreciate fully the many advantages that are bound up in institutional service.

Criticism follows and then dissatisfaction and dissention. Notwithstanding the fact that quarters and food are frequently better—very much better than the employee was used to in private life, he soon finds their faults and is not slow to register his complaints.

We note only a natural sequence. It has been so in every private or public undertaking in which the inherent responsibilities and duties of the individual have been assumed for him by some impersonal things, whether it be the State or an industrial corporation.

When the 3,000 employees of the Illinois institutions move from the grounds there will be vacated rooms sufficient to house 4,000 patients or inmates. To erect quarters for 4,000 people, at existing institutions would involve at \$500 per inmate the expenditure of \$2,000,000. The interest on this sum at 5 per cent per annum would be \$100,000.

Account must be taken of the laundry work and the employees necessary to care for employees' buildings and quarters; also the medical attention and a number of other items which in the aggregate are large but which it is proposed to cut off.

Estimates are now being made to determine what the saving and what the additional expense will be to the State.

The new plan offers some encouragement morally. It is believed that employees, especially the young women, will be better protected in private homes than they can be on the wards quarters or houses of a great State institution.

Against the plan is the argument that, in case of fire or other serious crisis, the employees would be away from the institution. Under the system now in vogue, only those can be depended upon who are on duty. Those off duty are very likely to be off the grounds.

The objection that the institution would lose control of its employees is not serious. Why should it lose control of its employees any more than an industrial plant loses control of its employees because they live in their homes outside the bounds of the works.

## ILLINOIS STATE HOSPITALS' MEDICAL ASSOCIATION.

The fall meeting of this organization was held November 5 and 6 at the Lincoln State School and Colony. All institutions in the insane group



were represented. The program was one of unusual interest and aroused a more general discussion than is often heard at such gatherings.

The questions that created the most interest were feeble-mindedness, types of admission to the Anna State Hospital, restraint and the treatment of the untidy classes in the State hospitals.

The situation as to feeble-mindedness was presented, in an admirable paper by Dr. Clara Hayes, of the Peoria State Hospital, under the subject, "Segregation as a Preventive of Crime, Immorality and Insufficiency." Nearly all present took part in this discussion which was at times heated. The best evidence of the excellence of a paper is that it draws out comment and criticism.

Dr. A. G. Hamilton, of the Anna State Hospital presented a very interesting paper on the types of admission to that institution and opened the way for an extensive discussion into which the problem of employees was injected.

Dr. J. T. Rooks of the Kankakee State Hospital reported the results of a number of extensive experiments with the untidy, resulting, he declared, in the almost complete elimination of untidiness on the male side and a very marked reduction on the female side.

"The Wasserman Reaction on the Feeble-minded," by Dr. H. J. Freemmel of the Lincoln State School and Colony, included a report of the tests upon a large number of the inmates of that institution.

All other papers were of equally high merit and were listened to and commented upon with spirit.

Dr. F. P. Norbury delivered the address on the evening of the fifth, his subject being "Criles Kinetic Theory and Its Application in the Treatment of Mental Disorders." This paper was in Dr. Norbury's admirable style. It was scientific, as all his work is, and lucidly reviewed the achievements of Criles and explained his theory clearly and concisely.

One of the most interesting features of the program was the presentation of cases from among the population of the State school, with explanations and histories by members of the staff. Of the five females, three were typical Cretins. Nine boys were shown representing every type in the institution.

Dr. George Ordahl, the recently elected State psychologist, and Mrs. Ordahl, who has specialized in the same profession, were present and were introduced. Dr. Ordahl fills the vacancy created by the resignation of Dr. Clara Harrison Town.

All the papers will appear in subsequent numbers of the Quarterly, so that further comment at this time is unnecessary.

The next meeting of the association will be held at the Kankakee State Hospital in January.

The delegates were hospitably entertained by Superintendent Leonard and staff of the State School and Colony.

The program follows:

"The Care of Acutely Disturbed Cases," W. G. Murray, M. D., Kankakee. 1. Hydrotherapeutic treatment; 2. Drug treatment; 3. Other essentials.

"The Intra-spinal Injections of Neo Salvarsanized Serum and Report of Cases," E. Louise Abbott, M. D., Elgin.

"The Intra-spinal Treatment of General Paralysis of the Insane," Chas. F. Read, M. D., Chicago.

"Wassermann Reaction on the Feeble-minded," H. J. Freemmel, M. D., Lincoln. An attempt to estimate the frequency of syphilis by the Wassermann reaction. A review comparing the clinical with the laboratory methods of diagnosis. Summarizing 361 cases.

"The Laboratory as an Aid to Diagnosis, B. Lemchen, M. D., Chicago.

"Criles Kinetic Theory and Its Application in the Treatment of Mental Disorders," Frank P. Norbury, M. D., Springfield.

Address by H. S. Oyler, M. D., Lincoln.

"Segregation as a Preventive of Crime, Immorality, and Insufficiency," Clara E. Hayes, M. D., Peoria. Proportion of mental defective to population; number in Illinois; segregation by colonies suggested as effective remedy.

"Personality and Psychosis," C. C. Atherton, M. D., Watertown. Personal characteristics and peculiarities of the individual prior to his commitment to a State Hospital for the Insane.

"Types of Admission to the Anna State Hospital," A. G. Hamilton, M. D., Anna.

"Concerning the Treatment of the Chronic Insane," J. T. Rooks, M. D., Kankakee.

"Hereditary Chorea," Edward A. Foley, M. D., Jacksonville. Exhibiting pedigree chart of mother, three daughters and a son afflicted with Huntington's Chorea.

## NEW STATE PSYCHOLOGIST.

Dr. George Ordahl of the Minnesota State School for Feeble-minded, has been selected State Psychologist of Illinois and has commenced his work at the Lincoln State School and Colony of whose staff he will be a member.

Dr. Ordahl comes to Illinois with the best of recommendations from men high in the study and work among the feeble-minded. Dr. A. C. Rogers, the progressive superintendent of the Faribault school gave him unqualified praise.

Mrs. Ordahl who has worked with her husband in many studies will continue her work in this State.

Eight years ago when it was proposed to add a psychologist to the staff of the Lincoln State School, the idea was not received enthusiastically. The position was looked upon as one of the modern fads. It required several years of agitation before the authorities finally concluded to give the idea a trial.

It might be said in this connection that it was not until the Board of Administration was created that it was possible to secure such an official.

Illinois has been very fortunate in the selection of those to fill the place. Both Dr. Huey and Dr. Town were able to present their work to the public in such a way as to get instant support. The result has been that the position of State Psychologist has become permanent and necessary. By some it is considered one of the most valuable in the State charity service.

The inauguration of the new psychologist was considered of so much importance that Dr. Leonard, the superintendent of the school, called a conference on Friday afternoon, November 6, to discuss the work to be undertaken by the new official. There were present Dr. Leonard, Dr. C. B. Caldwell, assistant superintendent, Dr. H. J. Freemmel of the school staff, Dr. H. Douglas Singer, director of the State Psychopathic Institute, Dr. C. C. Ellis of the Chicago State Hospital Staff, Dr. G. M. Whipple, Dr. Madison Bentley and Dr. H. G. Miller of the University of Illinois, Dr. Edward H. Ochsner, president, and A. L. Bowen, secretary of the State Charities Commission.

Three hours were given to a free discussion of the problem, how to make the State Psychologist of the greatest possible good and benefit to the whole State.

Dr. Whipple recommended that Dr. Ordahl divide his work into three parts; first, the routine work necessary at the institution; second, publicity and cooperation among institutions and the public schools to the end that the facts and information gained at the State school may be applied most efficiently among normal children and third, the purely scientific research.

This idea met with the approval of all present and was adopted as the rational method to be followed.

How to bring about cooperation among the State institutions of different groups and thereby with the State public school system was also discussed freely. The representatives of the University of Illinois expressed themselves as ready to help and cooperate with the State charity service, especially along the lines of psychological research. It was thought that the State normals should be interested in this work. With the State educational institutions working in harmony with the State charitable institutions, much can be accomplished, it is believed. Consequently, it was

decided to appoint a committee representing both classes of institutions whose duty it shall be to outline a workable program of cooperation, especially in the study of feeble-mindedness and the abnormal classes. This committee consists of Dr. Whipple, Dr. Ochsner, Dr. Singer, Dr. Ordahl and Dr. H. A. Petersen, of the faculty of the State Normal at Normal, Illinois.

### THE LASALLE CONFERENCE OF CHARITIES.

The nineteenth annual State Conference of Charities and Correction was held in the Tri-Cities—La Salle, Peru and Oglesby—on October 24, 25, 26 and 27.

The weather was delightful.

The number of delegates present from a distance was large, probably the largest on record.

The program seemed to be adapted to the local needs.

The various sessions dovetailed. The interest was sustained to the end and the last meeting was attended by 200 people.

The conference marks a new mile-post in Illinois social service. The program was prepared to meet the wants and desires of the people of the three cities. The message was then taken to the people in their own places of meeting. For instance: On the afternoon of the opening day a meeting was held at the plant of the Western Clock Works, in a new building. Twelve hundred of the employees were present. Mr. James Mullenbach spoke on "Health and Industrial Efficiency," and Mr. R. C. Richards on "Safety First." Both speakers were brief, snappy, witty, but drove home with great force a few of the fundamental thoughts of modern social service. The audience was intensely interested. The program was adapted to the audience and the speakers talked in the language of the workers. Of that 1,200, few would have attended any session of the conference. This meeting gave them a new view. Many went afterwards to the Conference and scores of them visited the exhibit.

On Sunday evening, meetings were held in the three cities with the halls completely filled. The Polish Catholic parish in Peru opened its school hall and it was packed with people to see moving pictures on health and child welfare.

Monday night St. Hyacinth's parish, the largest Polish Catholic community in the middle West, turned out at their school hall. The speakers engaged for this place could not be present but Mr. Fred J. Kern and Mr. Thomas O'Connor of the Board of Administration, filled in with talks about the State charitable institutions, good health and upright living. After which the pure food and child welfare pictures were shown. So delighted was Father Bobkiewicz, the priest in charge, that he asked the State Pure Food Commission which has sent out these pictures to return for a week's demonstration in this parish.

These views were shown in a number of the schools and picture houses of the three cities.

In the next place the spirit which pervaded the conference was magnificent. Every religious sect was represented on the program and many different nationalities participated. On Sunday afternoon the four speakers were Dean Walter T. Sumner, lately elected a Bishop of the Episcopal Church, Dr. Emil G. Hirsch of Mt. Sinia Temple, Dr. Graham Taylor and Rev. Frederic Siedenburgh, a leading Catholic teacher. This meeting lasted through two hours and a half and yet during that time not more than two dozen people left the hall.

Sectional meetings were of like character in enthusiasm and interest. The people of the three cities attended in large numbers.

The conference has never had so comprehensive or well displayed exhibits. The place was ideal and the number and diversity of exhibits was large. Immense crowds of people visited it during the three days it was open to inspection.



Certain classes in the high school attended sectional meetings of the conference and the children of all schools, public and parochial, visited the exhibit on Monday.

It is estimated that 5,000 people saw the exhibit and that the total attendance at all sessions of the conference was in the neighborhood of 8,000.

The State Association of County Home Superintendents, the State Association for the Prevention of Tuberculosis, and the State Probation Officers' Association, each held meetings and elected officers.

All three are flourishing and growing in strength and interest.

The strangers within their gates were hospitably received by the people of the three cities. Private homes were thrown wide open and a large part of the delegates were housed in them. This was the only point of criticism of the conference. By reason of the scattering of the delegates they did not come together at a central point as they are used to doing.

Danville was selected as the place of next meeting. Dr. George T. Palmer of Springfield was elected president; Mr. James Mullenbach, first vice-president; Mrs. Leonora Z. Meder, second vice-president, and A. L. Bowen of Springfield re-elected secretary.

The proceedings of the conference and the full list of committees will appear in the next number of the Institution Quarterly.

#### FOR TRUANT OFFICERS.

A plea has been made to the State Charities Commission for an organization of the School Attendance and Truant Officers of the State with representation upon the program of the next State Conference of Charities.

We know of no class of public officers who are charged with more serious duties than those imposed upon these men and women. If there is reason for a State wide organization of any class of public officials there is reason certainly for these to come together to discuss their work and to exchange their experiences.

The suggestion is worthy of the best thought of social workers. How may these officials be brought together and how can they be made of more useful influence in their work.

An effort will be made to assemble a number of them at Danville, next October, to start the organization. A place will no doubt be made for their subjects on the conference program.

#### THE COUNTY HOME SUPERINTENDENTS.

There are encouraging signs among the County Home Superintendents and the county supervisors. At the LaSalle meeting of these officials there was a large representation and the zeal and enthusiasm of the men and women present was a fine token of the proper spirit.

As a rule, the institutions which are presided over and administered by the men and women who are enough interested in their work to go to a State meeting and to attend the sessions of the State Conference of Charities are the ones which require little or no criticism from the State authorities or their constituency.

Those counties which have refused or failed to take advantage of the law permitting them to send their country home superintendent or matron to the State meetings are the ones which are lagging behind and giving the whole county problem a bad name and appearance. No man or woman in such a position is ever so wise that he can not learn from others engaged in the same work. Only laziness, indifference, selfishness, greed and graft stand today in the way in this State of a complete revolution in the administration of our almshouses and every board of supervisors contributes to these detrimental elements in public service when it permits its superintendent to sit at home, while his fellow workmen are meeting for the purpose

of learning how to better their institutions. Improvement in the county homes is growing and the interest shown at LaSalle by the superintendents and supervisors can not fail to make itself felt throughout the whole State.

### HOME, SWEET HOME.

Home is the last word to disappear from the vocabulary of the insane. Thought of home is the last to depart from his fading mind.

Until death, longing "to go home" persists and remains green and fresh.

Even after years, 20, 30 or 40 have elapsed, after friends and relatives have all forgotten and forsaken him, the insane patient in the State hospital fondly recalls that beloved word, and seems to picture to himself the delights of other days. Memory of home with all its associations never seems to become distorted or indistinct.

The paranoic may hug his delusions that family and friends are in deep conspiracy against him, but the home with its fireside, its comforts and protection is not a part of the league. Home continues true and loyal.

The raging, restless, violent parietic will stop the visitor and in calm mood, talk of his home and family, and ask for assistance to go to them, and when the deteriorating disease has robbed him of all his faculties and his mind has become almost a total blank, he recalls that one word and we hear it rattling in his paralyzed throat.

The dementia praecox, indifferent to all surroundings and all stimulus, arouses himself as the stranger enters the ward and listlessly he asks, "can't I go home?"

In those wards where are housed the dements who respond only to sudden impulse of an origin and nature no one understands, and for hours and days may sit staring vacantly into space—these, the end of mind and life, know only one word.

We hear it among the old, the decrepit, the decayed and the decaying—the untidy, destructive old woman who rebels against the restraints of clothing and picks to pieces the canvas garment in which she has been enclosed; the restless old man, who pursues a senseless, aimless course up and down, back and forth, going through stereotyped movements in silence, day after day, can be arrested and awakened by mention of that word "home."

There is none so hopeless as not to hope for "going home."

Clear and sweet, its memory lingers, retreating slowly, irresolutely, reluctantly; it accompanies the soul into eternity, only to awaken there in the full glory of a perfect realization of an ideal.

How forcibly all this was borne in upon me one hot, sultry night last summer, as I sat, late in the evening, in the entrance of the Administration Building of the Peoria State Hospital.

It was a moon-light night. The stillness of the country, accentuated as it often is after a heated day, carried to me every sound of the great hospital, plain and distinct.

Opposite this building, but a quarter of a mile away, there stretches a row of eight large cottages.

Seven of them were dark and their people slept. Little lights twinkled here and there to speak the word that some one was about.

One was still gay with lights. From each floor and every window they blazed. All during the evening, the restless, disturbed women of this house had been distraught, because repairs in progress had reached that stage which rendered it necessary for them to make up their beds on the porches and first floor.

I had heard the crash of smashing glass; the yells and cursings of excited and irreverent creatures, the demoniacal ravings of violent women.

Presently one began to sing "Home, Sweet Home." It was a loud, discordant, strident voice that rose above the turbulence. There was nothing sweet, melodious or harmonious, but it struck a response in every heart. One after another the women joined the leader in a crude, almost ludicrous

expression of this last and only sentiment that remained with these unfortunate beings.

They sang with fervor and enthusiasm and their song was heard all over the "hill." It seemed they would never tire. Over and over again they repeated it until for weariness and exhaustion they ceased and the discordant cottage sank to sleep, perhaps to dream.

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#### COOK COUNTY'S CREDIT MARK.

In this number of the Institution Quarterly appears a description, with views, of the Cook County Psychopathic Hospital, recently opened.

There is only one comment which is in place here: Dr. Davis has described the hospital minutely and has stated clearly its purposes.

We have only to remark that Cook County has been permitted to do what this State should have done long ago; namely, establish a psychopathic hospital in Chicago.

Cook County deserves a big credit mark for this achievement in the modern care of mental diseases. We are accustomed not to expect results in the public charity service in Cook County. Many of its institutions have been badly managed, badly constructed and badly used. The new county hospital is a reproach in many respects, but the psychopathic hospital, which Dr. Davis describes, represents dollar for dollar invested, and, if left outside the lines of political warfare and under the administration of competent and conscientious men and women will go a long way towards wiping out the demerit marks against the county's public charity service.

In 1907, Illinois, by an Act of the General Assembly, declared the State to be the sole custodian of its insane. It provided that all such afflicted should be removed from the county homes and placed in State hospitals. It prohibited the return to county institutions of patients after they had been committed to State hospitals.

This law was one of the series of reform measures inaugurated eight or nine years ago when Dr. Frank Billings became head of the State Board of Charities of Illinois. The creation of a psychopathic hospital in Chicago by the State was one of the items in this program, which has not been acted upon, though much pressure has been brought to bear to convince the public of its necessity.

In the meantime Cook County recognized the importance of the proposal. It saw the inadequacy of its old detention hospital and with commendable public spirit provided for the erection of the new institution of which not only the county but the whole State should be proud.

This hospital ought to take its place in the ranks with the Boston Psychopathic Institute and the Phipps Institute in Baltimore, even though there are some material differences in the objects of the three institutions.

Similar hospitals should be erected at several points in the State. They are designed for the early treatment of mental sickness. They should be open to voluntary admission almost wholly. Removed from the State hospitals and the stigma that yet clings to commitment to them, the psychopathic hospital would offer refuge to many who feel themselves slipping and in need of care. It is believed—and the experiments and experiences indicate it—that the psychopathic hospital, built and administered on correct methods does save many patients and does relieve the State of the care and treatment of many who otherwise would become chronic wards of a State hospital.

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#### A SCHOOL NURSE'S WORK.

We are in receipt of the annual report of the public schools of Aurora for the year 1914. There is a very interesting chapter devoted to school sanitation and health, in which it is said, "the work of the school nurse



is very effective and has brought about much better health conditions among the pupils."

A report of physical examinations for 1913-14 has an important part in this report. It will bear repetition here.

#### REPORT OF PHYSICAL EXAMINATIONS FOR 1913 AND 1914.

Number of children found with the following defective:	Boys.	Girls.	Contagious disease.
Eyes.....	45	38	Measles..... 24
Ears.....	1	.....	Mumps..... 327
Nasal breathing.....	23	9	Chicken pox..... 82
Tonsils.....	48	52	Whooping cough..... 22
Eyes, nose, throat, other defects.....	5	4	Scarlet fever..... 21
Eyes, throat.....	1	1	Diphtheria..... 5
Ear, nose, throat.....	.....	4	Impetigo..... 1
Ear, nose, throat, other defects.....	.....	6	
Nose, throat.....	2	4	
Nose, throat, other defects.....	26	10	
Hearing.....	3	6	
Glands of neck.....	74	52	
Nervous.....	3	1	
Throat and glands of neck.....	44	45	
General condition poor.....	15	6	
Hearing and throat.....	1	.....	
Orthopedic.....	2	4	
Deaf mutes.....	3	3	
Goiter.....	.....	3	
Sub normal.....	16	1	
Skin.....	.....	1	
Number defective.....	311	252	
Number not defective.....	137	166	
Total examined.....	448	418	

The report speaks of the individual attention which many of the children received. For instance, ten children were provided every school day with a pint of milk, resulting in a decided gain in activity and improvement in general appearances.

Two schools served soup to forty-two children.

"A bowl of soup at noon or a pint of milk to each," says the nurse, "would seem to be a very small item in a child's diet, but it is the fact that a child is getting nourishment, instead of candy, at the time when he is getting tired and hungry, that counts."

She notes the continued discussion in favor of open-air classrooms, but regrets that no method has been worked out to provide them.

Regarding retardation she says: "Of 98 children reported retarded for two or more terms during their school life in the grades, 64 were found to have or to have had physical defects bad enough to affect their general health or limit their ability to study; 11 were retarded on account of absence; 14 on account of inability without apparent cause; 6 showed indifference, one from family conditions, one from change of school.

Speaking of the dental service she refers to the lectures on oral hygiene, by various dentists of that city and to a large amount of free service given by them in clinics.

"Each year's examination," she says, "shows a marked improvement in the general clean condition of children's mouths."

#### TO REPEAL ANTI-TUBERCULIN TEST LAW.

The Chicago Tuberculosis Institute has undertaken a systematic campaign to secure the repeal of the anti-tuberculin test law of this State.

At the recent State Conference of Charities at LaSalle, the Illinois Association for the Prevention of Tuberculosis, endorsed this movement of the institute, and in a resolution commended Governor Dunne's proclamation closing Illinois to nontuberculin tested cattle.

The Tuberculosis Institute has issued a bulletin entitled "The Cow Question: Shall Illinois Stand Alone." The unanimous opinion of all scientific bodies who have studied the question and the decisions of four Supreme Courts that the tuberculin test is a reliable, safe and a reasonable safeguard are quoted. The institute announces that it stands clearly for the repeal of the Shurtliff law and for the enactment of a law restoring to municipalities the right to regulate and control the sources of their milk supply.

Governor Dunne's proclamation was issued upon the recommendation of the Livestock Commission of Illinois. It prohibits importation from New York, Pennsylvania, West Virginia, Virginia, Maryland, Kentucky, Tennessee, Ohio, Indiana, Michigan, Wisconsin, Minnesota, North Dakota, South Dakota, Nebraska, Iowa, Kansas, Oklahoma, Texas, Missouri, Arkansas and Montana, unless such cattle are accompanied by a certificate of health, including the tuberculin test, administered, in accordance with the regulations of the United States Bureau of Animal Industries, within thirty days previous to said cattle being brought into the State of Illinois.

In support of his proclamation, Governor Dunne wrote the following letter which is self-explanatory:

*Dr. O. W. McMichael, 25 E. Washington St., Chicago, Illinois.*

DEAR SIR: In answer to yours of the 25th instant would state that I issued the bovine tuberculosis proclamation upon the advice of Dr. O. E. Dyson, State Veterinarian, after I gave full opportunity to the friends and foes of the matter to be heard before me, and after I had communicated with the Federal authorities and became satisfied that that was the wise and prudent course to pursue.

The proclamation has occasioned much bitter criticism, and from a political standpoint it might not have been the judicious thing to do, but I am satisfied from all the information that I can get that it was the right thing, and I must take the consequences.

Believing that I am right in this matter I am adhering to the course laid down in the proclamation. I do not claim to be infallible, and am always open to conviction, but so far I have not found any indications that the proclamation from the standpoint of right and justice was a mistake.

Very truly yours,

E. F. DUNNE.

August 25, 1914.

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### AN AWAKENING ON CHARITIES.

We seem to be in the midst of a tremendous awakening on the part of the public and public officials on the subject of charities and State wards.

Newspapers throughout the country, big and little, are devoting a large amount of space to these questions, and are editorially calling attention to the defects in our systems and to the tremendousness of the problems which are presented.

In another article of this issue of the Institution Quarterly appears an account of the Indiana State Conference of Charities at which it was shown that the State has failed to solve the problem of the public care of the insane, and that there are now in its almshouses and jails, more than 600 mentally sick people. The facts brought out at that conference are commented upon by the press of Indiana, and the constructive modern ideas advanced by the speakers at that meeting receive intelligent endorsement.

Texas is likewise concerning itself with this problem. In a recent issue of the Houston Post, there is a strong editorial entitled, "Obliterating the Disgrace."

"We are told," says the Post, "that within a short time the long endured disgrace of confining insane persons in the county jails will be obliterated. There are 209 patients so confined, 111 held on the poor farms, whereas 307 are cared for by relatives who would not permit their unfortunate loved ones to be confined with criminals."

The Post says that new buildings at the State hospitals will accommodate 800 additional patients, but it observes wisely: "these will suffice for the present; the next Legislature will have to continue the work of extension at the State hospitals, or before long we shall find the jails again used to house demented persons, because of the lack of better facilities."

The prevailing unsystematic treatment of this problem is noted in Texas. The Post says, "It is seldom a Legislature ever consents to do more than to provide for present demands; it never looks to the future. That policy always keeps it in the rear of the procession." This observation might be taken home by other State Legislatures in the Union.

In New York State, a committee of which Mrs. E. H. Harriman is chairman, has just issued a long report recommending a complete revision of its statutory law, governing charitable and reformatory institutions. This conclusion is based upon an investigation made by the Bureau of Municipal Research of New York. Here again we meet the same situation.

The committee says that, while the law is being revised, the State should work out a comprehensive plan for the development of institutions to meet the needs of the next decade.

In Michigan, Governor Ferris has been giving this subject thought and has been speaking upon it in public. He, too, finds that the Legislature and the public have been content to meet the pressing needs as they have arisen. No effort at a comprehensive solution of the problem or development of a system that shall automatically take care of the growing necessities has been made.

#### HAMMERING THE JAIL.

The poor old jail—that ancient and sacred institution, bulwarked and protected by statutes and judicial procedure, and gun-proof against contentions and reformers is fighting its last battles for existence. In the leading states men and women, awake to its horrors, evils and wrongs, are assailing it with vigor and let us hope, some success.

The jail is a jail wherever it is found. Everywhere it expresses the same outrages upon public welfare and moral decency and the same wrongs upon the individual health and character. In all states it is protected by the same sort of defenses, the fee system, being the chiefest and public indifference to the poor devil whose misfortune it is to find himself within the walls of one, whether he is guilty or innocent.

A few weeks ago former Judge James A. Collins of Indianapolis described to the Indiana State Conference of Charities, the conditions prevailing in the Marion County Jail, located in the capital city of Indiana.

Here is a portion of what he said:

"No better perversion of the jail's use could be presented than the existing situation in Marion County. With a jail population varying from 200 to 300 in quarters provided for 150, conditions exist that, if known and understood by the public, would result in the severest condemnation. Men are herded together like cattle. The perfectly healthy person awaiting trial in the Criminal Court or for the grand jury to determine whether he should be held, is thrown into what some have called a living hell, and compelled to occupy the same quarters, and use the same cups with the tubercular inmates and people with loathsome diseases. They have to use the same bathtub, which also serves as a sink for rinsing the mops with which the infested floors are cleaned. What man, especially those unconvicted or unindicted, or awaiting trial for misdemeanor, but would hate society for compelling him to live in such environment?

"What can we hope for in reformation by continuing this system? The records of the Criminal Court will show more men sentenced to the county jail, and for longer terms, by the present incumbent of that bench than by any former judge. The reason for this increased jail population is the infamous system of paying sheriffs 40 cents a day for feeding prisoners. It is to 'help' the sheriffs that the courts have co-operated in developing this vicious system."



Judge Collins computed the enormous sum of money that Marion County has laid out under this sheriff's fee system, and how, in Marion County at least, the amount in four years "would have been sufficient to place a penal farm of 1,500 acres on a self-sustaining basis." He showed the ridiculous side of continuing the commercialization of justice through the fee system for the prosecutors by presenting the fact that the office of prosecutor in Marion County is made to yield \$25,000 a year.

### THE PROBLEM OF CARE OF INSANE.

At the Indiana State Conference of Charities held recently at Madison, the liveliest topic was the care of the insane. The traditional custom of building a \$1,000,000 hospital, to be occupied by the insane in more or less idleness, was characterized as "a failure, an obsolescence and a heavy burden on the taxpayers."

Indiana, along with many other states has been busy building more hospitals for the insane and adding to the old. Notwithstanding that Indiana has just completed a new hospital at Madison, which has been open only four years, the Conference confessed the fact that the state has made practically no headway in the care of its insane. There are now 600 insane persons in jails or otherwise confined who ought to be having an opportunity for curative treatment.

Dr. Charles P. Emerson, of Indianapolis, who was one of the speakers at the recent Illinois State Conference of Charities, led in an assault on the prevailing system. He showed the necessity of Indiana's mapping out a comprehensive program. Under the present non-elastic system of caring for the insane, he explained that 40 per cent of the hospital capacity is occupied by chronic cases, who would be bettered by being returned, as near as possible, to normal living conditions in cottage colonies. He said that the State is paying between \$400,000 and \$500,000 annually for the care of these persons, whereas they should be largely self-supporting.

"The greatest evil, however," he said, "is that they occupy costly hospital equipment to the exclusion of acute cases and delay or deny prompt admission of new cases. The big saving through colonizing these would enable the state to give higher quality of treatment and prompt admission to the new cases and save some of them from becoming permanent state burdens."

Mr. Emerson would also have the comprehensive program include making all city hospitals places of detention and observation to which new or incipient cases of dementia could be taken on exactly the same conditions of quarantine that infectious diseases or suspects are placed under observation. He insisted that this plan would save great numbers from being sent to state hospitals. He desires the program to include better educational facilities for medical students. He insisted that insanity is becoming recognized as a community problem or environment disease, rather than essentially or wholly one of heredity.

Dr. E. S. Smith, dean of the Indiana service endorsed the "Colony" plan.

"The question, is pertinent," he said, "will the state ever take care of all of its insane," which are constantly increasing in ratio. "And," he added, "if so, how and when?" He then showed the injustice, from a humane point of view, and the financial folly, from the taxpayers' point of view, of failing to give new or incipient cases of insanity that prompt—practically instant—attention which, on the one hand, as other states have found, will save many of them and return them to society, and, on the other hand, will if denied or delayed, result in the destruction of these humans or in making them permanent, costly wards of the state and a permanent tax burden. To the end that prompt admission of the new cases to treatment, at least, to observation, may be assured, he insisted that a state program must be agreed upon and made mandatory.

Dr. Smith outlined his idea. After discussing the two plans, now in operation in the various states he said:

"The third method, and the one I recommend is one wholly under state control. It contemplates the highest and most complete modern equip-

ment of the five present hospitals to which prompt admission of all new cases for observation and treatment may be effected without delay. It contemplates also the establishment of one or more colonies in connection with each hospital, to which may be transferred certain groups of cases, including the quiet chronic insane and some of the convalescents of both sexes. The colonies should be established on large tracts of land and the construction of the houses should be simple—quite free of all institutional marks—inexpensive and sanitary and should follow the general lines of the best farm construction. \* \* \* They should not be adjacent to the hospitals, but removed two or three miles distant. \* \* \* These farm colonies must be hives of industry, otherwise they fail." In them the insane are treated as normal persons and get back to home life. With this new idea goes development of "diversional occupation" and "re-education of the insane."

"The cost of the colony," he said, "has much to commend it, in addition to elasticity. It should not exceed half the cost of the new hospital. That, of necessity must cost about \$1,200 a bed, while the colony need not exceed \$600 a bed." There is then to be taken into consideration, in behalf of the taxpayer the fact that the chronic insane thus employed produce most or all of their own foodstuffs and do most of their own work. In other states, adopting the colony system thus has meant a big reduction in annual maintenance cost. To make the system more elastic, Smith would have a special emergency fund placed in the hands of the Governor for cottage building. He advocated also (1) changes in the laws so as to authorize voluntary commitment to the state hospitals for a limited period of observation and treatment, and (2) the conduct of insanity inquests by boards of health under jurisdiction of judges of the circuit courts, instead of, as at present, by justices of the peace.

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#### ONE JAIL'S METHODS OF DISCIPLINE.

Mrs. Alice Phillips Aldrich, inspector of institutions for the State Charities Commission, reports a case of excessive cruelty practiced upon prisoners in the Mason County Jail at Havana.

"Two brothers," she says, "were in the jail, each held under a different charge. One of these men tried to make his escape."

Mrs. Aldrich declares, she asked the keeper why this man had no bed, and the keeper replied that he took the bed away from the prisoner a week previous to her visit. He also told Mrs. Aldrich that he had chained this man's wrist to a bar with his arms outstretched and had kept him standing in this position for 48 hours, and then took his bed away and he had not had a bed to lie on for about eight days. The brother had his bed taken away and he was without it for a week. Mrs. Aldrich's closing sentence is: "The man looked very white and weak; this keeper seemed proud to tell it."

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#### ONE OVERSEER'S WORK.

The Quarterly is in receipt of two very interesting letters from Mrs. Lillian Davis, overseer of the poor at Kewanee, Ill. She says that an effort is being made to get Kewanee in line for an associated charities.

"I did not keep a record of poor relief," she writes, "until this year. I commenced January 1, and it is surprising what has been done that has not been any expense to the tax payers."

In this respect Mrs. Davis' experience is not different from that of many others. In fact it is the key note of modern organized charity; in many, many cases money should be the least consideration.

Mrs. Davis refers to the "help habit" which developed, she says, in 1907-1908, when one of the local industries shut down and so many were left destitute, especially among the foreigners, that a soup-house had to be opened. The habit was born of its necessity, she says, and the community is still feeling the effects of it.

"Our people," she observes, are divided into three classes: the charitable people who "take a fit," of giving about once a year and make life a

misery for those who do the work the year round; the people who watch and wait for the first symptoms of this "giving fit" and put in their time getting all they can and howling because they do not get more, and finally the quiet class, the ones that will actually go hungry and cold and "say nothing"—a philosophical division which is applicable in many a community.

## TWO WISE SUGGESTIONS.

Looking over files and books for certain information relative to the employment of patients of our State charitable institutions, we stumbled upon an address, written five years ago by W. Carbys Zimmerman, then State Architect.

Mr. Zimmerman was reviewing what had been done in rehabilitation of physical property and was offering recommendations for the future.

In so doing he urged the importance of employing patients and inmates upon construction work, not only as an economic but as a therapeutic measure. In the same connection, he advocated a splendid business idea; namely, that the State be empowered to carry on extensive building operations during the periods of financial depression, when materials are cheaper and the demand for employment is more pressing.

Mr. Zimmerman was able to say much in a few lines and we take the liberty, without his consent, to use these two paragraphs from that address:

"It is of interest to point out that a great part of this work was done by labor of patients and wards of the State at a comparatively small expense, besides affording evident pleasure and satisfaction to the workers themselves. Quite an effort of this kind was made at Elgin where a large part of a building of some importance was carried on by the labor of the patients of that institution. That work built in this way goes slow, is at times not perfect and is even unworkmanlike, goes without saying. However, the saving in cost which the State should make and the benefits accruing to the patients must outweigh these disadvantages, and I sincerely hope that it may be found possible still further to experiment along these lines whenever time is opportune.

"As to opportune time it is well to call attention to the fact that the State should take advantage of fortuitous conditions and when they rise make unusual improvements in its physical properties. I have in mind particularly those periods of financial depression, which seem to occur with more or less regularity. A few years ago during such a period the State saved from 10 to 15 per cent on all of its work compared to the cost of similar work performed before and afterwards. It would seem that the State could well afford to discount the future, borrow money if necessary and do an extraordinary amount of building during such times of commercial inaction, thereby not only effecting great saving, but incidentally lessening and relieving the hardships of many of its humbler and unfortunate workers."

## OPEN AIR CLASSES.

In this issue of the Institution Quarterly appears an article by Sherman C. Kingsley, in which he calls attention to the general failure of architects and boards of education through the whole United States to make provision in new school houses for open air classes.

We believe this to be one of the most timely and practical articles the Quarterly has printed in recent years.

Hundreds of thousand of dollars are being expended annually in Illinois for new school buildings, yet so far as we are able to learn, not a dollar has been expended on behalf of the hundreds of thousands of children who would be benefited by open air class facilities.

The great cities like New York and Chicago have recognized the necessity and value of these quarters and all new buildings are planned with open air rooms. There is no question of their economic and therapeutic value. The instances are numbered by the thousand where weak, anemic, even tubercular children, have not only been benefited in health but have suddenly picked up in their school work and been transformed from the sluggish and backward to the bright, and easily taught.

There is not a city or town in Illinois that has not the material for one or more open air classrooms. Every community has its anemic, weak, sickly children, who by very reason of their physical disability are unable



to progress. Instead of relieving them, most of our schoolhouses by reason of poor ventilation, add to their handicaps.

Mr. Kingsley has for many years been engaged in child welfare study and work. He is director of the McCormick Memorial, a large endowment provided for study of child problems and their solution. He has had much and intimate experience with the open air classes in Chicago and New York, and has studied European methods on the ground. What he says on this subject is worthy of careful consideration.

We hope some progressive down State city—like Rockford, Springfield, Peoria, Bloomington—may instruct its school architect to provide open air rooms in the next new plan he submits, or better still, that it will make use of what is already in existence—namely, the roofs of some of the older buildings.

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### THE PRESS AND INSANITY.

In the warfare upon nervous and mental diseases, the daily press can be a tremendous force, but it is necessary that the subject be handled intelligently and without recourse to sensationalism or flippancy.

It is a serious question; it must be treated seriously, else very great damage will be done to a cause which one may sincerely desire to help. The prevalent disposition to make flippant remarks about the insane is cruel, heartless and damaging to the public and to the suffering individual and should be frowned upon by all humane people.

On the increase of insanity, the public should never be given to understand that this disease is growing faster than population or at a more rapid rate than formerly. Such may be the case, but we have no statistics from the past with which to compare present day facts.

We do know that the State is caring for a much greater number of insane and that the number of insane in the State hospitals has increased much more rapidly than the general population of the land, but there are many reasons why this fact may not be assigned as proof that insanity itself is on the increase.

Newspapers can also be of assistance in breaking down the old prejudice against going to State hospitals. They can influence a rational attitude on the part of the public towards these institutions. One of the greatest difficulties encountered in modernizing them and making them what we know they should be is the ignorance of the public, its prejudices and its false, distorted notions of their character.

Another field in which newspapers may assist lies in teaching the value of early treatment in all nervous and mental disorders. Not only does the general public need this instruction but a very large part of the medical fraternity fail to understand its importance.

The daily press should likewise urge upon the legislatures, the medical workers in general, and upon all classes of social workers, the necessity of making compulsory by law, the teaching of the causes, the treatment and the prevention of mental and nervous diseases in all medical colleges and to require a course in these subjects as prerequisite to a license to practice medicine.

The mental and nervous disorders are today the most numerous, the most important and the most costly of all our diseases.

These diseases are costing the State annually millions of dollars and are entailing inestimable suffering and sorrow among the people. In our opinion no graduate should be permitted to go forth to practice medicine who has not had a complete and thorough course in psychiatry, as complete and thorough in that branch as in other in his course.

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### WHAT SLUGGARDS WE BE.

How slowly reforms in the treatment and the consideration of insanity have come about in this country. Many of the most important steps, so recognized today, are still untaken even after 20 years of urging.

Dr. William White, in a recent number of the *Modern Hospital*, recommends the treatment of the acutely insane in general hospitals. Dr. White is a forceful, clear writer. He presents this subject vividly and puts forward an argument that is unanswerable.

There is no obstacle in the way of such treatment. It is the rational method. Our conceptions of the insanities and the treatments necessary, have, for 25 years, been compatible with just such methods as Dr. White here suggests so forcibly.

Indeed our attention is called to an issue of the *New York Medical Journal* of February 22, 1890, 24 years ago, in which the governor of New York was criticised for vetoing a bill which revised the commitment laws of that state. This number of the *Journal* calls attention to a report of eminent specialists who had endorsed the bill and who proposed that it be reintroduced at the next session with a provision inserted which would make it readily possible for the acutely insane to be treated in general hospitals, equipped to the satisfaction of the State Commission in Lunacy,

The *Journal's* editorial of 25 years ago refers to much that does not exist today but what it says of admission to general hospitals and all it says of individualization of treatment of the insane in our State hospitals is as true today as it was 24 years ago.

The editorial is reproduced herewith:

"Last year a revised code of lunacy laws, under the name of the Gallup Lunacy Bill, passed the New York Legislature, and only failed to become a law by the opposition of the governor. The same bill is to be introduced again at the present session. The New York Neurological Society, at its January meeting, appointed a committee, consisting of Dr. Frederick Peterson, Dr. Charles L. Dana, and Dr. Ralph L. Parsons, to examine and report upon this proposed new law. After commenting favorably upon some very excellent features of the bill, and after vigorously opposing the method of commitment prescribed therein, this committee closed its report at the February meeting with a number of recommendations, among which one in particular is deserving of careful attention, because of the novelty of the suggestion. We refer to the following: "A clause should be introduced into the bill providing that nothing in the lunacy laws of the state shall be construed to interfere with the reception and treatment of acute cases of insanity in chartered general hospitals, in the same manner and under the same conditions as patients suffering from other diseases are there received and treated, provided such hospitals have suitable accommodations approved by the State Commission in Lunacy."

"In our opinion, this is the most valuable portion of the committee's report, for it suggests a step forward in the line of a great reform. The day of huge aggregations of persons with chronic and acute insanity in the palatial caravansaries known as asylums, where the mere attendance to the physical wants of the patients is often deemed sufficient therapeutics, is about to pass away. The insane are no longer to be considered in the light of dangerous criminals, and asylums are not always to bear the stigma of existing as a species of jail. What is the fate of a person with acute, curable insanity—one that could recover in from three weeks to three months—when sent to one of these "cathedral" institutions? His personality is entirely lost in the horde of from 600 to 2,000 mad people among whom he is placed. The superintendent, usually busy with the farming and plumbing, seldom has time to see the patients. A young assistant physician, commonly of small experience, takes the patient in hand along with the 200 that he is to see twice daily. He cannot spend more than three hours if he will with the 200 patients, because the clerical work required of him consumes not only most of his duty, but part of his night. The patient is considered, not as an individual, sick and requiring treatment, but in relation to the other patients of the ward. Does he disturb others? Then narcotize him. If that is impossible, put him into the pandemonium known as the "back ward." There his sick brain, before haunted only by his own phantasmagoria, beholds materialized the hideous spectres of his imagina-

tion. And it is doubtful if any one in delirium has ever seen aught to compare with the waking nightmare of a "back ward" in some asylums.

"Doubtless most asylum authorities do all in their power to improve the environment of their charges as far as is possible under present conditions, but proper individualization must necessarily be unattainable in such a course of people and with such small assistance. Hence it is that of late the question of radical reform in the present methods of caring for the insane has become more and more prominent. They are hereafter to be treated, at least in the earliest stages of their aberration, like other sick persons, only with greater delicacy and care, because the most complex and sensitive organ of their bodies is the one that is diseased.

"We read of the provision of reception houses in New South Wales and Queensland, and of lunacy wards in public hospitals in Victoria, for the treatment of insanity in its early stages. A psychopathic hospital with a hundred beds is about to be built in London, the administration of which is not to differ from that of a general hospital. The staff is to consist of a resident medical officer of asylum experience, and assistant, for visiting physicians, a consulting surgeon, an ophthalmologist, an aurist, a laryngologist, a gynecologist, and a pathologist. A still later step in the direction of reform is the organization of an outpatient department at the West Riding Asylum, near Wakefield, England, which is calculated to change the present routine line of action completely with regard to the early treatment of the insane poor.

"With these facts in mind, we cannot speak too favorably of the action of the committee of the New York Neurological Society. Their proposition to place it in the power of the 63 chartered general hospitals of this state to open special wards for the reception of the acutely insane, under the same conditions precisely as other classes of patients are received, would lead to vast improvement in the early and efficient treatment of the nutritive disorders of the brain. It would create a number of reception wards in various parts of the city and state, where there is now absolutely no place for such purpose. Bloomingdale is overcrowded and about to be removed from the city. The method will lead to greater individualization, a deeper scientific study of insanity, and the training of nurses and practitioners for the better recognition and care of insane patients in their own homes, and many will recover without having attached to their name and reputation the inevitable stigma of having been in an asylum."

#### THE ECONOMIC VALUE OF PATIENT'S WORK.

A computation in dollars and cents of the value of patient labor in the Kankakee State Hospital for one month has been made, showing it to amount to \$8,753.

This sum is a fair average the year through. It serves to give one an idea of the amount of work that patients do; what it would cost to operate such an institution without the patients' assistance becomes a little better understood.

Yet it must ever be remembered that the first consideration in inducing patients to work is not what they will save the State in wages, but always how beneficial will the results be upon their condition. All work should be designed with this idea in view, first, last and all the time. Patients should be employed at such labor or occupations as pleases them and in which they find pleasure.

While his occupation prior to entering the hospital may furnish an index, it is not safe to depend upon it wholly, for it might have been irksome or injurious to him or for some reason he may have formed an aversion for it.

At the Kankakee Hospital for some time, Dr. E. C. Pratt, a member of the staff, has been assigned to the task of finding employment for patients—that is to bring the foreman and the patient together on the job. Dr. Pratt made up an occupational roster of the hospital population. Opposite each



patient's name is the trade or profession he was engaged in just before commitment. The roster was then made up alphabetically by occupations, so that when a department wants extra help it is possible to turn to the record and find the names of those patients who have worked at the occupation that meets the requirements.

Special attention has been given by Dr. Pratt to harmonizing conflicting interests of the foreman and the patient. He has tried to get employment for all patients and then has tried to induce the heads of departments to exercise patience, tact and discretion in treating and developing them. Many a good working patient has been sent back to his ward by a foreman who did not care to be bothered with him, whereas a little attention and some consideration for his limitations and eccentricities would have made him a good employee and a happier, more contented inmate. This has been Dr. Pratt's work and it has been very successful.

In making up the estimate of the value of patients' services he has accepted the foreman's report. In every instance the foreman or head of department has put down his estimate of the patient's value in dollars and cents.

For the month taken, it is shown that 24 patients worked in the Administration Building and their time was worth \$425. They ranged from \$50 to \$5 per month.

Ten were employed in the storehouse at values ranging from \$5 to \$25 per month. In the engineering department, 59 are listed, one at \$75 per month and many at \$30; and one at less than \$15. In this one department their services aggregated \$1,617.

And so on through the institution, the landscape gardener, the lawn mowing gang, the poultry farm, the truck farm, all making reports similar to those quoted. In the laundry their wages were estimated at \$923. The paint shops reported four men earning \$50 per month. The bakery has a credit of \$275. Dining-room service was estimated low, the majority being rated as worth from \$2.50 to \$5. One was worth \$25, one \$20 and one \$15. The vegetable room valued its patients at \$5 per month. The library reported the labor there to be worth \$517. Masonry help was worth \$310. In sewing and mending, patients contributed \$560 worth of labor.

Dr. Pratt reports the name of every patient employed during the month with the estimated wage opposite his name.

The list submitted contains the names of 569 patients or a fraction more than 20 per cent of the total patient population.

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## HOW ILLINOIS WOMEN VOTED ON SALOONS.

There has been so much interest in the results of the first trial of woman's suffrage in Illinois, that the Institution Quarterly has made an effort to get as exact figures as are possible in the vote on the saloon issue of last April.

We were able to get returns from only 194 townships, villages or cities. According to these figures 105,687 men and 53,737 women voted for saloons, making a grand total of 159,424; 75,679 men and 94,195 women voted against the saloons, making a total of 169,874, or a majority against saloons of 10,450.

The men who voted in favor of saloons exceeded the women who voted against saloons by only 11,492. The number of women who voted against saloons exceeded the number of men against saloons by 18,416. Among the men there was a majority of 30,008 in favor of the saloons. Among the women there was a majority of 40,458 against the saloons.

Great difficulty was experienced in securing these figures and for some of them at least we are not ready to vouch for their absolute accuracy. It was easy to secure the vote in the cities and the larger towns but it was very hard to get the vote from the rural townships in which there are no towns of any size. In some cases townships have no postoffice. A letter directed to the city clerk of the main town in the township would bring the reply that the village did not vote on the question, notwithstanding the

fact that the township in which the village is located had voted on it. In a case of this kind, it was necessary to hunt up the town clerk and communicate with him. In a number of instances town clerks replied that there was no record of the vote and in other cases they said the returns had not been tabulated by sexes.

Township clerks are not required to file with any higher authority the township vote on any question which affects the township alone.

This appears to be a serious omission in our law. In order to secure statistics of any kind there should be some central point to which town and school officers should report.

It is evident from the returns that came from some of the townships that some voters at least misunderstood their ballot on the saloon question. The ballot reads "Shall this township become a local option territory." Opposite it are the words "Yes" and "No." It is apparent that some voters, perhaps many, desiring to vote against the saloon, put a check opposite the word "No," thinking that it meant "against saloons," whereas it meant exactly the opposite.

The reverse is probably true among those who desired to vote in favor of the saloon.

We print below a table showing the vote in the 194 cities and townships. Some person may be interested in comparing the vote.

The figures as they appear in this table, we believe, are practically correct. At least we have made every effort possible to secure reliable returns. The 194 districts represented comprise almost all that voted on the question. Only a few are missing from the table:

Name of town or city.	For saloons.		Against saloons.	
	Men.	Women.	Men.	Women.
Annawan.....	124	111	111	132
Andalusia.....	101	32	44	50
Apple River.....	129	65	107	154
Assumption.....	309	147	249	313
Tiskilwa.....	123	28	140	176
Buckley.....	205	73	84	83
Millersburg.....	255	47	140	141
Campbell Hill.....	284	140	204	271
Sheller.....	92	11	122	54
Benton.....	34	29	527	467
Bath.....	197	83	133	45
Milan.....	184	53	143	173
Dumfriesline.....	292	108	275	300
Belvidere.....	1,434	687	884	1,316
Bushnell.....	429	135	413	584
Clarkdale and Palmer.....	15	14	109	108
Canton.....	1,595	626	1,515	1,836
Carlinville.....	650	322	529	670
Carmi.....	339	111	605	669
Chatsworth.....	253	200	210	310
Chenoa.....	233	126	206	243
Benson.....	169	74	95	98
Coal Valley.....	122	45	59	77
Rock Falls.....	459	142	349	290
Colona Station.....	114	33	67	67
Buda.....	321	13	342	219
Cortland.....	95	30	131	149
Harvard.....	631	236	462	644
Colfax.....	65	3	72	50
Springfield.....	7,585	4,576	3,908	4,401
Dixon.....	1,404	872	755	1,184
Ridgefield.....	768	237	623	785
Gilman.....	280	112	249	268
Dwight.....	483	224	307	443
Elmwood.....	285	97	235	283
Essex and Toulon.....	144	18	122	113
East Galena.....	257	84	145	208
Strawn.....	77	34	80	95
Rochelle.....	574	249	376	574
Freeport.....	2,867	1,877	1,984	2,890
Fulton.....	440	107	111	113
Forrest.....	163	19	173	177
Geneseo.....	426	137	528	720
Fox Lake.....	505	207	244	242

## HOW ILLINOIS WOMEN VOTED ON SALOONS—Continued.

Name of town or city.	For saloons.		Against saloons.	
	Men.	Women.	Men.	Women.
Genoa.....	237	113	219	245
Green.....	81	11	54	49
Hampshire.....	235	63	154	176
Harmon.....	109	28	62	30
Florid.....	172	36	105	125
Havana.....	809	349	443	587
Fairbury.....	334	50	406	501
Kewanee.....	1, 687	974	1, 246	1, 647
Kingston.....	75	6	105	111
Edwards Station.....	204	51	134	91
Lyndon.....	105	17	110	135
Lake Villa.....	119	31	96	96
Mineral.....	133	23	96	124
Metamora.....	225	123	108	100
Seneca.....	323	166	354	409
Shattuc.....	67	3	64	32
Moline.....	3, 315	1, 523	1, 952	2, 306
Altamont.....	340	150	278	306
Morrison.....	415	96	353	492
Park Ridge.....	835	220	684	871
Monmouth.....	1, 131	210	1, 351	1, 812
Manito.....	195	52	94	92
Mattoon.....	1, 793	679	1, 322	1, 718
New Berlin.....	186	86	153	196
Nauvoo.....	196	91	62	105
Flanagan.....	214	95	144	180
Secor.....	148	56	117	157
Pana.....	719	251	586	719
Pecatonica.....	233	22	230	321
Peotone.....	256	107	225	282
Pesotum.....	139	56	103	93
Pontiac.....	797	364	768	1, 137
Preemption.....	206	24	210	152
Campus.....	99	57	111	78
Stutland.....	2, 6	85	161	203
Strasburg.....	165	31	148	154
Somonauk.....	117	95	173	162
Powellton.....	85	12	92	85
St. Anne.....	280	152	234	262
Stockton.....	229	67	252	311
Sterling.....	1, 085	605	939	1, 279
Shawneetown.....	274	63	179	219
Highland Park.....	600	234	273	274
Spingsbay.....	67	27	36	25
Davis Junction.....	103	2	62	73
Taylorville.....	1, 081	392	825	1, 033
Stark.....	101	12	55	31
Warren.....	223	78	214	309
Waukegan.....	1, 992	1, 072	1, 189	1, 453
Kings.....	86	5	85	85
West Marion.....	516	93	595	674
Pittsburg.....	531	92	501	595
Woodbine.....	70	1	71	60
Paw Paw.....	89	7	158	171
Galena.....	774	519	269	421
New Berlin.....	184	88	153	196
Montgomery.....	70	42	48	55
Huntley.....	137	88	77	113
Steelville.....	104	85	48	76
St. Charles.....	710	286	327	507
West Jersey.....	32	1	106	47
Hinsdale.....	249	43	160	147
South Holland.....	46	2	165	59
Witt.....	300	156	201	165
Sycamore.....	662	306	430	630
Maple Park.....	184	136	107	67
Quincy.....	6, 544	4, 473	1, 426	1, 903
Symerton.....	113	11	106	75
South Litchfield.....	467	225	263	223
Grant Park.....	217	68	176	226
Sears.....	42	25	21	32
Dana.....	67	.....	41	.....
Beckermeyer.....	120	67	57	50
Batavia.....	669	270	482	791
Aurora.....	5, 004	3, 496	2, 963	4, 250
DeKalb.....	1, 085	483	821	1, 260
Mendota.....	736	524	383	565



HOW ILLINOIS WOMEN VOTED ON SALOONS—*Concluded.*

Name of town or city.	For saloons.		Against saloons.	
	Men.	Women.	Men.	Women.
Hennepin.....	159	36	92	117
Utica.....	207	139	139	123
Elgin.....	3,733	2,185	2,506	4,008
Cabery.....	67	35	41	89
Montrose.....	32	8	38	52
Antioch.....	142	97	64	102
Ava.....	106	42	147	190
Elmhurst.....				
Decatur.....	3,587	5,510	4,820	2,532
Lebanon.....	435	259	290	337
Bloomington.....	3,709	2,667	2,629	6,451
Lake Fork.....	29	9	82	91
Hartsburg.....	108	70	63	42
Clifton.....	109	48	79	114
Emden.....	62	28	57	53
East Moline.....				
Nokomis.....	543	143	342	378
Rockford.....	5,450	1,051	4,630	6,052
Worden.....	157	88	90	119
Carbon Cliff.....	42	25	15	61
Lockport.....	631	296	455	541
Crescent City.....	115	21	90	70
Fieldon.....	263	130	204	
Central City.....				
Elizabeth.....	130	16	303	158
Danville.....	4,498	2,736	3,147	3,898
New Douglas.....	121	49	68	90
Ashkum.....	74	36	49	66
Middletown.....	120	17	168	133
Granite City.....	1,137	443	420	480
Henry.....	407	239	190	311
Elburn.....	103	33	91	143
Papineau.....	122	34	82	87
Herscher.....	83	44	63	87
Downers Grove.....	145	44	200	284
Arenzville.....	101	44	68	84
Oswego.....	172	25	210	259
Cissna Park.....	140	30	108	123
Reddick.....	39	13	38	48
Harvel.....	71	42	38	40
Clinton.....	678	149	781	1,069
Pocahontas.....	109	62	82	116
Sand Ridge.....	136	36	69	46
Compton.....	50	23	40	73
River Forest.....	214	182	366	379
Solon.....	211	42	114	138
Union.....	218	66	92	73
Odell.....	195	86	151	284
Energy.....	46	12	57	42
Rapid City.....	34	24	27	24
Riverview.....	79	19	16	9
Harvey.....	634	309	529	685
Algonquin.....	143	93	66	103
Rushville.....	300	24	371	459
McHenry.....	422	209	170	307
Harrisburg.....	929	102	1,124	1,254
Edwardsville.....	1,001	480	242	326
Burnham.....	108	19	13	9
Herrin.....	1,186	338	893	947
Malta.....	102	26	140	136
German Valley.....	180	13	146	118
Chester.....	417	300	206	342
West Chicago.....	563	265	345	451
Moline.....	594	238	262	277
Buckingham.....	206	85	192	188
Sublette.....	153	73	68	59
Minooka.....	136	52	20	78
Downer's Grove.....	775	332	827	1,063
Chadwick.....	203	40	132	131
Dorchester.....	67	4	55	25
Avon.....	258	127	159	193
Total.....	105,687	53,737	75,679	94,195

## THE INCREASE OF INSANITY?

One of the most attractive subjects for a speaker or writer on insanity and the mental defective classes is the apparent tremendous increase in their numbers. The sensational, both in the profession and the laity, have drawn lurid pictures depicting the deterioration and ruin of civilized peoples through mental aberration.

The increase in the population of public and private institutions for these classes has been greater than the increase in the population of the civilized countries. This is not disputed but it has led to a number of studies of the situation to determine whether this increase is real or apparent.

Recently a number of conservative thinkers have been doing a good work in showing that this apparent increase of insanity and mental defectiveness is not the subject for general alarm.

Among those who take this position are Dr. George A. Zeller, Alienist of the Illinois Board of Administration, who has always argued that this apparent increase indicates a rising line of sanity.

Now comes Dr. A. J. Rosanoff, First Assistant Physician, Kings Park State Hospital, Kings Park, N. Y., with "A Study of Eugenic Forces, particularly of social conditions which bring about the segregation of insane, epileptic and mentally defective persons in special institutions."

Dr. Rosanoff's study is not complete by any means and that portion which we shall attempt to review in this article will be only a part of the work which he is undertaking. No attempt will be made here to reproduce the statistical tables and charts which he has made, nor will we try to analyze them.

The feature of the study to which we draw particular attention relates directly to the question of increase of the insane and mental defectives in institutions.

Dr. Rosanoff says in his opening paragraph, "Everyone who is somewhat familiar with the history of the care of the insane in this country, or in civilized countries, is also familiar with the fact that the number of insane in asylums and hospitals has been increasing during the last several decades at a more rapid rate than the general population. This fact has led some to draw the conclusion that the incidents of insanity has increased among civilized people; but even those who hold his view generally admit that at least a part of the increase of the insane in institutions has been due to the almost universal improvement in the kind and adequateness of the facilities for the care of such patients; and from this it would seem that the increase of the insane in institutions is to be regarded, not necessarily with alarm, but from the eugenic standpoint, at least to some extent, as a salutary phenomenon."

Dr. Rosanoff notes that the "origin and remarkable extension of the practice of segregating neuropathic persons in special institutions have been wholly independent of any consciously eugenic movement; which shows that the modern civilized communities powerful social forces are at work which are eugenic in their effect, though often not consciously so."

The object of Dr. Rosanoff's study is summarized in these words, "To attempt an analysis of the conditions which have, independently of any eugenic movement determined in the various states of the Union, the extent of the practice of segregating neuropathic persons, in special institutions."

The first point made by Dr. Rosanoff is that the increase in the number of insane in institutions observed during the past several decades has occurred in a manner rather closely corresponding to the increase in wealth production per capita similarly observed during that period.

In other words, he says, "The number of neuropathic persons in special institutions per 100,000 of the general population in the United States, as a whole, at various times between 1880 and 1910 and in the various states at any one time, during the past several decades is in correlation with the per capita values of all agricultural, mineral and manufactured products. Perhaps it is hardly necessary to add that it is not merely a matter of dollars and cents; the per capita values of the products of a community being an indication of its wealth producing power, are at the same time

an indication of the diligence and purposefulness of its labors, its intelligence, resourcefulness and enterprise and, perhaps less directly, the general standard of its civilization and conditions of life."

The second point—namely, the correlation between percentage of urban population and number of insane inmates.

Dr. Rosanoff makes the point here that the segregation of neuropathic persons in special institutions is essentially an urban practice, "and if today it is found also among many rural communities it can easily be shown in every case to be the result at least of more or less direct urban influences or one sort or another."

He shows that the problem of insanity in a given community must attain a certain magnitude before it will receive special attention from public authorities or the people. Elaborate special provision will not be undertaken to care for an occasional patient here and there.

The third point—Correlation between general amount of illiteracy and number of asylum inmates. Popular education, he says, is costly. Adequacy of provision for it may be expected to run more or less parallel with per capita wealth production; likewise popular education may be more conveniently provided under urban than under rural conditions; therefore, "Other things being equal, adequacy of provision for it may be expected to run more or less parallel with percentage of urban population.

Point number four—Correlation between accessibility of institutions and the number of inmates. This is a subject on which Dr. Edward Jarvis wrote fifty years ago. Dr. Jarvis observed that the number of patients committed from any locality depended in a large measure on the distance and the ease of transportation to the hospital.

In that study Dr. Jarvis analyzes the effect of multiplying hospitals. Experience of more recent times in every part of the country amply corroborates him on this point. Dr. Jarvis concludes, "The states in which the area in square miles per institution is great have relatively a small number of neuropathic persons in institutions, and the opposite is true of the states in which the area in square miles per institution is small."

Point number five—Correlation between intra-mural conditions and number of institution inmates.

The largest factor in the progressive increase in the number of neuropathic persons in special institutions is considered, by Dr. Rosanoff, to be the improved intra-mural conditions. It was not long ago when the commitment of a person to an insane hospital meant almost inevitably his subjection to constant mechanical restraint, seclusion, the most cruel measures of discipline, with inadequate feeding, raiment and shelter, under conditions of most revolting filth, with hardly any medical care. Naturally such commitment was resorted to as a last measure, deplored as the worst calamity that could befall any one.

With a gradual improvement in hospital treatment the popular horror of insane institutions has in a large measure disappeared, "so that in the states of the most advanced development we find today evidences of a different feeling, mainly in the shape of increasing numbers of voluntary admissions; patients themselves and their friends now have hope of being benefited by a sojourn in a State hospital.

Dr. Rosanoff declares against the many cumbersome procedures which attend the commitment to a State hospital and notes the tendency in progressive states to remove such obstacles and to make admission as easy as possible.

Point number six—Correlation between immigration and number of institution inmates. He says on this subject that, "it has been repeatedly observed that the foreign born population in most states furnishes a larger proportion of admissions to insane hospitals than the native born population," but he says that in considering this phase of the subject, "proper allowance must be made for the difference in age distribution between the native and foreign born elements in the population. It is a matter of well known fact that the incidence of insanity increases with advance in age."

In the second place, he says, "proper allowance must be made for the tendency of the foreign born population to establish their new home in urban rather than in rural districts."



In the third place, "the heavy stress which is entailed in the migration and the subsequent process of adjustment to new conditions and more exacting standards of living must be considered."

After a discussion of the statistics of New York state, Dr. Rosanoff concludes that there seems to be no warrant for the assumption that neuropathic conditions are more common among the immigrants than among the natives in this country; it seems rather that the excess in the proportion of institution inmates and admissions contributed by them is due to their peculiar age distribution, their tendency to establish their new homes in urban rather than rural districts, to the special stress entailed in the migration and possibly some other less obvious factors.

Point number seven—Correlation between illiteracy and number of institution inmates. From the data that pertains to this question, Dr. Rosanoff finds, "that under all sorts of conditions in the various parts of the United States, illiterates do, indeed, furnish a far greater proportion of institution inmates than literates."

Point number eight—In the various countries of Europe the number of inmates of institutions differs enormously. The available data he finds shows that racial variations of incidence of insanity exist and may even be considerable in amount but a final judgment on this point can not yet be rendered.

Point number nine—Incidence of insanity in various states. Here the writer discusses mental standards as determined by social conditions in the various states of the Union. There can be no doubt, he says, "that many persons, say in Arkansas, New Mexico or Oklahoma, who are at large and whom, moreover, none of their fellow citizens consider as proper for an insane hospital, would be promptly committed if they took up their residence, say in Massachusetts, New York or Connecticut; and some others would apply for voluntary admission. And it is equally certain that under still more highly developed conditions many persons who are now at large even in the last mentioned states would be cared for in institutions."

The writer says that environment of a highly organized community with high standards of living is, of course, more exacting than that of a community characterized by a more primitive organization and lower standards. Consequently the line of division between neuropathic and mental conditions is a shifting one, "moving from the abnormal towards the normal extreme with the progress of civilization and concomitant elevation of social standards. One who believes in the indefinite possibilities of human progress," may well imagine a state in the future where the general moral, intellectual and artistic standards would be so high that many persons such as are today active and influential in politics in commerce, or in society, and are but rarely picked out for segregation, would then be so far below the average as to be considered abnormal and not to be tolerated at large.

Dr. Rosanoff concludes with the following paragraphs:

"The fact that the number of neuropathic persons in institutions is in correlation with per capita wealth production would indicate that this factor controls, in a measure, the kind and adequateness of the facilities possessed by states for the care of such persons. Yet it can be shown that such control is, in the nature of things, not inevitable and owes its existence merely to a fallacious financial policy.

The benefits that hospitals and asylums afford are to be felt not only by the present generation, but also, and possibly even to a greater extent, by generations to come. Large enterprises, whether of governments or of private corporations, are capitalized with the aid of public loans of long term, while capital that is otherwise available is used merely for current expenses of operation. Thus public schools, highways, canals, railroads, telegraph and telephone systems, manufacturing plants, power plants, mining equipments, etc., have been built with the aid of capital derived from issues and reissues of long term bonds; and no one has questioned the equity of thus assuming debts to be paid by future generations. It is a curious fact that the establishment of institutions for neuropathic persons forms almost everywhere a unique exception. No state possesses as yet, anything like adequate facilities for the care of its neuropathic persons; even the great

state of New York has a waiting list of many hundreds of applicants to the institution for the epileptic and the feeble-minded, while all its institutions, including the hospitals for the insane, are chronically overcrowded. Yet every state could without any added expenditure, easily double or treble its facilities with the aid of bond issues and thus make funds that are now expended for construction available for the maintenance of the increased number of its wards. In New York alone the total legislative appropriations of special funds for new construction in the state hospitals and charitable institutions in the year 1912, was \$3,210,304; while the appropriations desired for similar purposes at the 1913 session of the legislature were \$5,747,849.50.

"If the present generation could have the choice between having to pay for the maintenance of a large number of neuropathic persons and having merely to pay off the matured bonds issued by a preceding generation for the establishment of facilities of prevention, there would be no question as to its preference; but it has not that choice, for past generations acted against its preference. And should the present generation decline to incur a bond of indebtedness to be paid off in the future and thus allow neuropathic persons to remain at large for lack of room in the institutions, its action will be similarly against the preference of future generations.

"No other enterprise that a state might undertake could more fully justify in equity the issuance of long term bonds than that of the construction of adequate facilities for the care of neuropathic persons. \* \* \*

"In what manner and to what extent do the laws of a state affect the number of neuropathic persons in institutions?

"A comparison of the laws of the various states reveals the curious fact that those states which have the greatest numbers of neuropathic persons in institutions per 100,000 of the general population have also the simplest legal procedures for the admission of patients, and vice versa, those which have the least numbers have also the most cumbersome legal procedures and the greatest number of obstacles and restrictions. The tendency throughout the country during the past several decades has been towards a simplification of the legal procedure, and now, in the leading states patients are admitted to insane hospitals on voluntary application, at any time and without formality. Psychiatrists are looking forward to even greater facility of obtaining treatment for cases of mental derangement in the future in psychopathic wards to be established in connection with general hospitals. In the words of Dr. W. A. White, "The details of transfer from the psychopathic ward to the larger state institutions should be made as simple as possible. Transfer should be made effective on a certificate of two properly qualified physicians, and the matter should not have come into court at all unless it is brought there by the patient, his relatives or some friends on his behalf. I would not close the courts to the so-called insane by any means, but I would not insist on a legal process, whether the patient wanted it or not; I would not insist, so to speak, on cramming an alleged constitutional right down the patient's throat at the expense of his life. We see today this process of commitment going on where nobody wants it. The patient does not want it, the patient's friends and relatives do not want it, and anybody who stands and watches it proceed recognizes on the face of it that it is a farce. I would, therefore, proceed to the matter of commitment in the simplest way. Leave the courts accessible to the patient if he wants to appeal for relief, and it will be surprising how rare such appeals will be."

"A study of the growth of the practice of segregating neuropathic persons in institutions shows plainly that where it is least controlled by legislation there it is most successful. A state needs but to provide ample, well conducted and readily accessible institutions; for the rest, contrary to the commonly expressed notion, forced segregation is far less effective than free or voluntary segregation. The interests of eugenics are best saved where detention by law is reduced to a minimum.

"It is necessary above all, to abolish entirely the horror of institutions that still lingers in the minds of the public even in the most advanced states. This has already been accomplished in part by the general improvement of intra-mural conditions. Perhaps of equal importance is a liberal practice as regards discharge; for, in spite of possibly ideal intra-mural conditions,

any grounds for fear of permanent or indefinite detention without obvious indications will naturally serve to impede the stream of admissions to institutions. Nobody will willingly seek admission to an institution or send a relative or a friend there if there is any likelihood of that step proving to be an irrevocable one.

"Theoretically the permanent forced segregation of every neuropathic person may be assumed to be the most effective measure; but practically all experience shows that the greatest freedom and liberality, the least force are the conditions of the greatest degree of success as regards extent of segregation accomplished.

"Segregation is an old practice which has been thoroughly tried out and to which no objections have been raised either on religious or legal, or humanitarian grounds; it is a practice that has had of late a remarkable growth; and it may be anticipated that improvement of methods of financing will create vast possibilities of further growth. In the past, the objects of segregation have been to protect society against anti-social conduct of individuals, to organize public charity on an efficient basis, and to provide medical treatment for cases requiring it. That it also serves the ends of eugenics is but an added argument in its favor, but whatever it accomplishes for eugenics must ever remain a by-product, no matter how highly we may estimate its importance. In other words, in no case could forced segregation be advocated with propriety and with social benefit merely because a diagnosis of some neuropathic condition has been made and on eugenic grounds alone; in the absence of a demand for the protection of society or of an appeal for charity or for medical treatment indications for segregation do not exist. This point of view eliminates the practically unsolvable problem in eugenics. What persons should be selected for segregation? The selection is made automatically according to the standards and exactions of every environment. As a community makes progress in general civilization so will it make progress in eugenic practice; no theoretical standards can be forced on any community, and no standards of one community can be forced on any other that is differently organized."



## WAGES AND LIVING CONDITIONS AT KANKAKEE STATE HOSPITAL.

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[In October Governor Dunne requested the executive secretary of the State Charities Commission to make an investigation of the wages and living conditions of employees at the Kankakee State Hospital, to determine whether there has been improvement in recent years. The following report, submitted to him, is an interesting study in every particular. It describes how the investigation was made and sets out fully what it disclosed. While this report was being proposed the Board of Administration voted to adopt the eight hour day at this hospital.—EDITOR.]

SPRINGFIELD, ILL., October 13, 1914.

*Hon. Edward F. Dunne, Governor of Illinois.*

SIR: I respectfully report that I have complied with your verbal request of October 8, 1914, for an investigation and report of the conditions of labor at the Kankakee State Hospital. You have asked me for the facts; these I have tried to secure and herewith submit them with as little comment as possible.

*First*—I found no temper among employees.

Employees all talked sensibly and reasonably. I did not broach to a single one the subject of the organization of their union and only two referred to it.

There was general agreement that the hours of work are too long, but there was no indication whatever of a disposition to hold any one responsible for them, or of a threat to secure shorter hours by any means that would cripple the service or do an injustice to superior authorities. I can say I was well pleased by the attitude of the men and women during the entire investigation. It was creditable to them and to the service.

Whether finances will permit the eight-hour system to be introduced is yet to be determined. Apparently it can be done but Superintendent Kelly has not the final estimates of the exact increase in the force that will be necessary. A fuller discussion of this phase will be found on a following page under head of "Hours of Labor."

### ALL CONDITIONS HAVE IMPROVED.

*Second*—All conditions affecting employees have improved materially in recent years. The average number of patients since 1906 has increased by 27½ per cent; the average number of employees by only 9.55 per cent and the average wages by 32 per cent. In the last year average wage has increased by 2½ per cent. Housing has been radically bettered by the opening of a new nurses home within the last year and by the construction, now in progress, of a \$100,000 building for employees and by much remodelling which has made employees quarters attached to wards, very much more convenient and modern. Food has not improved and employees have just grounds for complaints, but according to those who have been there a number of years, meals are fully as good now as ever in the past.

Comparison with labor conditions in other states shows Illinois is paying as high wages, on the whole is housing them better and withal is protecting them in their tenure of position very much more thoroughly.

The increase in the efficiency of administration and in the average wages paid are told in the following table:

Year ending June 30.	Average number patients.	Average number employees.	Total payroll, all funds.	Average wages.
1906.....	2,392	450	\$168,747	\$375
1913.....	2,913	500	241,591	483
1914.....	3,052	493	242,274	495
Increase over 1906.....	660 or 27½ %	43 or 9.55 %	\$72,527 or 43 %	\$120 or 3 %
Increase of 1914 over 1913.....				\$12 or 2½ %

You see that, while the number of patients since 1906 has increased by 27½ per cent, the number of employees has increased by only 9.55 per cent, which is an evidence not alone of economy but of efficiency on the part of administration and individual employee. The total payroll since 1906 has increased by 43 per cent and the average wage by \$120 or 32 per cent. In the last two years patients have increased by 139, but employees have decreased by 7, while the average wage is 2½ per cent greater than it was in the year ending June 30, 1913.

#### CONSIDER THE INCREASE IN LIVING COST.

In considering wage increases we must not forget that practically all the employees get their quarters, their board, their laundry and their medical service free. This is true of all attendants and nurses. Cost of living has, since 1906, made remarkable strides. It has increased the last year, so that the increase in wages of 32 per cent over 1906 and of 2.5 over 1913 is only a part of the real or full increase which the State has afforded its employees in this institution.

These figures may be subjected to the criticism that they pertain to the whole body of employees, superintendent, clerical, mechanical, etc., included. This is true. It would be more satisfactory to present the average number of employees on the nursing and attendant's forces and their average wages. Whether this could be done I can not tell, but it was impossible to do it in the length of time allowed me to return this report. The average number of employees given for the year ending June 30, 1913 and 1914 is correct. The average number used for 1906 is not exact, but so close as to furnish an accurate basis of computation.

#### HOUSING CONDITIONS MUCH BETTER.

Housing conditions have improved and still greater improvements are in sight in the completion of the new \$100,000 home for employees.

At present a large per cent of the employees occupy rooms off the wards. These rooms are all comfortable. They are well taken care of. Ample toilet facilities are conveniently located. Within the year a new building for female employees was opened. It accomodates about 75. I venture the assertion that not one of its occupants has as good before she entered the service, or would get such comforts or conveniences in a private family short of \$10 or \$15 per month. Here in Springfield they would cost her \$16 to \$18.

The new building in process of erection will be one of the finest of its kind in the United States. Two hundred employees will be moved off ward quarters, releasing thereby room sufficient to accommodate at least 350 patients.

A marked change for the better has taken place in many of the quarters for attendants on the wards. In the last 10 years a number of the cottages and wards have been completely rebuilt on the interior and special provision was then made for the comfort of the employees.

#### EMPLOYMENT STEADY ALL YEAR.

Employment here is steady the year round. Many gave this as a distinct advantage; for those without a trade could work only part of the time out-

side. In comparing the present wages of employees with the wages they admitted they received before they entered the hospital, I find that not more than 10 are now drawing less money. Of the 101 interviewed 49 had never earned wages or had never kept account of their earnings, while 42, or almost 50 per cent admitted they are making more now than they could at their trade or profession, or in any other capacity. In these comparisons it was always necessary to figure in the value of the maintenance at the hospital.

#### CONDITIONS IN OTHER STATES.

There is yet another means of comparison. I sent the following telegram on October 8:

"SPRINGFIELD, ILL., October 8, 1914.

"Robert W. Kelso, Secretary, State Board of Charities, Boston, Mass.:

"Please write us at once maximum wages, men and women attendants and nurses in state hospitals for insane in your state; also hours of duty. Have your hospitals special buildings for housing such employees? Have you ever considered eight hour system? Why has it not been installed? What is approximate average tenure of service of this class of employees? From what source do they come? Are they selected and protected by civil service?

"STATE CHARITIES COMMISSION,  
"A. L. BOWEN, Secretary.

"Same telegram to—

"Dr. James V. May, Chairman, State Hospital Commission, Albany, N. Y.

"H. H. Shirer, Secretary, Board of Charities, Columbus, O.

"Amos W. Butler, Secretary, State Board of Charity, Indianapolis, Ind.

"M. J. Tappin, Secretary, Board of Control, Madison, Wis.

"Board of Control, Des Moines, Ia."

I have received replies from Wisconsin, Indiana, Ohio, New York, Iowa and Massachusetts. These letters do not give an accurate basis of comparison, but they show very plainly that Illinois is paying as good wages for the same service, is housing all its employees as well, if not better, taking all the states into account, and is furnishing them better protection in their tenure of work by our civil service regulations. From these letters you will see that the employee's fate is almost absolutely in the hands of the superintendent in every state but Ohio and Wisconsin.

#### HOURS OF LABOR.

The hours of labor at Kankakee range from eight for the clerical and mechanical forces to 11, 13 and 16 for employees on the wards and in the domestic service. Even these long hours are shorter than those in some of the states whose replies I submit. You will notice that our State is the only one which has tried the eight hour system and the only one which is giving its extension any serious consideration whatever.

Night duty at Kankakee consists of 11 hours without any extra service. Regulation day duty is 13 hours, with extra hours on special occasions, such as dances and picture shows when attendants take their turn in accompanying the patients to the General Assembly Hall. On such evenings a part of the day force remain on duty 16 hours. It is impossible to say how often such extra duty is performed by employees but it will occur twice a month for women employees and perhaps three times a month for the men.

#### THE EIGHT HOUR SYSTEM.

The introduction of the eight hour system will probably be possible. At the present time there is in the ordinary fund, the one from which employees are paid, a surplus of \$40,000. If the prevailing rate of expense is not increased this surplus will be on hand the 30th day of next June, when the fiscal year closes and the new appropriations become available.

So far as Superintendent Kelly has estimated, it will require fifty more employees to install eight-hour shifts of duty. Figuring that the system starts on January 1 and that each employee would receive \$30 per month, the fifty extra employees for the six months would require \$9,000 for wages.



Estimating maintenance at \$15 per month per employee, \$4,500 should be added to the \$9,000 for wages, making a total expense of \$13,500. Both the estimate on wages and maintenance are outside figures.

There are many other things to be taken into consideration. Whether it is safe so far from the end of the fiscal year to reduce the surplus of an institution to this extent is a question because so many contingencies and extraordinary expenses which can never be foretold are likely to arise.

On the other hand there is this point to be thought of. If the administration can establish the eight-hour system and pay for its operation out of present appropriations, there is never likely to be any question in the future as to its continuance and the General Assembly will also make its allowances accordingly. If we wait for the General Assembly to establish the new system, we are not likely to get it soon. The letters from other states show that their assemblies have never given it serious thought. There is no question of its justice to the employee and to the patient. Nor is there doubt that it will increase efficiency of the service, reduce brutality materially, add to the contentment of employees and result in many, many reforms and progressive movements for the amelioration of the condition of the mentally sick in our State hospitals.

#### WHAT EMPLOYEES RECEIVE.

Employees are off duty a day in each two weeks. While the rule of the institution provides for loss of pay for absence on account of sickness, I am informed that it is seldom enforced.

Employment at the institution, therefore, includes the wage, board, lodging, laundry work, medical attention in time of sickness, frequently involving surgical operations. On this visit I found five employees in the hospital, all with serious sicknesses, one awaiting an operation, another recovering from one and a third having typhoid fever; so that medical service is more than a mere detail.

#### FOOD.

Of the 101 employees interviewed 51 were interrogated as to the food served. With the exception of two or three, all pronounced it bad and laid the fault at the cook's feet. They told me without my leading them in any manner that the raw food was varied and of fine quality. One woman said that if she had it in her home she could live like an aristocrat, but the preparation, cooking and serving is atrocious, if these employees are to be believed.

Ward employees eat in different places. There is a kitchen and dining-room for a number in the Administration Building. Those who eat there pronounce the meals served there good.

There is a dining-room in what is known as the general quarters. Here the largest number eat. Some employees eat on the wards with patients. The last two groups are those who complain. Those who eat on the wards do not get as good as those who eat in the general dining-room. Old employees said the food is as good today as it has ever been, so that in this particular, while conditions are no better, they have not deteriorated.

Having heard so much criticism I decided to see for myself; so on Saturday, October 10, at noon, I entered the general dining hall and asked for a place and the same service that was ready for the others. Boiled meat with a gravy, pickled beets, sweet potatoes, tea with cream and raisin pie were served. The meat was tender and sweet, but it was cold and the plate was cold, so that the grease in the gravy had hardened. The sweet potatoes were as fine as ever raised, but they had been boiled until they were tasteless and soggy. The tea was fair, but had a peculiar metallic taste. The bread was excellent. Butterine was not what it should be. The pie was good. In my opinion the employees' criticisms were well founded; namely, that the preparation and serving of food is entirely responsible for the complaint. I know that all tastes can not be pleased among so large a number. I know also it is difficult to cook well for large numbers, but I am sure radical improvements can be made.

## THINGS THAT SHOULD NOT BE.

While on this point let me call your attention to some things which appeal to me as wrong. Much more food was served to each employee's table than was consumed. As employees left the tables this food was literally dumped into containers and hauled away to the kitchen. This left-over food, I was told by the cook, would be held until Sunday noon and served to the patients. In the refrigerator of the kitchen, which serves this dining-room and some 1,200 patients, I found great quantities of cooked foods which had been served once and were now awaiting another turn. My suspicion was aroused that the old trick of cooking up big quantities of food in advance was being turned here.

The condition of this kitchen I have often criticised. I found it on this occasion as bad as ever.

In the vestibule of the cold room, the flies were so thick they made the white walls black. Gnats in large numbers hovered over an open barrel of pickled beets and in the cold rooms themselves foods were piled up and everything was in disorder, if not dirt.

I made no effort this time to find the excuse. I have been told on former visits that the civil help in this kitchen is not sufficient. That possibly is true. I was told also that the cook in charge of this immense kitchen receives \$45 a month and his maintenance. Our kitchens and dining-rooms should be so neat, clean and orderly that we could with pride take strangers into them. I would have hesitated last Saturday to introduce one into this department.

## THE SERIES OF QUESTIONS.

In making this investigation, I adopted a series of questions to be answered by 100 employees on the ward service.

Mrs. Mabel Nixon, assistant secretary of the Charities Commission, handled these questions on the female wards of the institution while I visited the male wards.

I deemed it wise to make the rounds rapidly, so as to dispel any suspicion that employees had combined to make concerted replies. The 101 were, therefore, seen in one day. Names of employees interviewed were not taken. I knew not more than a dozen of them. Mrs. Nixon knew none of them. No other employee was present during the questioning. The employees were visited at their work and not called into the office. We went to them.

As there are about 285 engaged on the wards, the 101 who answered the questions represent more than a third of the total.

The questions in this list were as follows:

1. Sex?
2. Nativity?
3. Age?
4. Married or single?
5. Education?
6. How long in service?
7. What was your work prior to coming here?
8. Have you a trade or profession?
9. Your present wage?
10. Wages at last place of employment?
11. How many hours on duty per day?
12. Is this your first job?
13. Is this position easier or harder than your last?
14. Are you in the training school?
15. Any hospital training before coming here?
16. Any preparation fitting you for this position before coming here?
17. Classification on pay roll?
18. Where domiciled?
19. Principal objection to your present position?
20. Advantages of your present position?
21. What opportunity does this institution afford for your advancement and promotion in your work?
22. Remarks?

From the replies I have made the following recapitulation which fully explains itself:

Total number of people interviewed .....	101	Housework .....	23
		Teachers .....	6
		Factory operator .....	3
<i>Sex.</i>		Hospital work and practical nursing .....	8
Females .....	64	Dining-room service .....	1
Males .....	37	Laundry worker .....	1
<i>Nativity.</i>		Telephone operator, clerk and dressmaker .....	1
American .....	94	Cooking and millinery .....	1
Finnish .....	1	Bookkeeper .....	1
French .....	2	Milliners .....	1
English .....	2	Dressmaker .....	1
German .....	2	Laborer .....	1
	101	Farmer .....	25
<i>Age.</i>		Timber cutter .....	1
Twenty years or less .....	21	Barber .....	1
From 20 to 25 .....	37	Hotel clerk .....	1
From 25 to 30 .....	18	Wool spinner .....	1
From 30 to 35 .....	9	Brass polisher .....	1
Over 35 .....	22	Mechanic .....	1
Over 40 .....	12	Coal miner .....	1
<i>Married or Single.</i>		Painter .....	1
Married .....	46	Gave no occupation .....	14
Single .....	55		
	101	<i>Have You a Trade or Profession?</i>	
<i>Education.</i>		Yes .....	26
Rural school .....	47	No .....	74
Rural school plus .....	10		
Grade or city school .....	20	<i>Your Present Wage.</i>	
Grade or city school plus .....	23	Receiving \$20 and maintenance..	20
Parochial school or convent ....	1	Receiving 21 and maintenance..	4
	101	Receiving 22 and maintenance..	4
<i>Service in Hospital.</i>		Receiving 23 and maintenance..	4
(Average term of service 2 years 3 1/5 months.)		Receiving 24 and maintenance..	3
One month or less .....	6	Receiving 25 and maintenance..	30
Less than two months .....	12	Receiving 26 and maintenance..	2
A year or less .....	48	Receiving 27 and maintenance..	3
More than one year .....	46	Receiving 29 and maintenance..	1
More than five years .....	13	Receiving 28 and maintenance..	4
More than 10 years .....	5	Receiving 30 and maintenance..	10
<i>What Was Your Work Prior to Coming Here?</i>		Receiving 32 and maintenance..	3
Housework and canvassing ....	1	Receiving 35 and maintenance..	2
Telephone operator .....	2	Receiving 37 and maintenance..	1
Clerk in store .....	2	Receiving 40 and maintenance..	6
		Receiving 43 and maintenance..	1
		Receiving 45 and maintenance..	1
		Receiving 50 and maintenance..	1
			101

#### *Your Wages at Last Place.*

Of those who left other positions to accept service in the State hospital, not to exceed 10 were making more in the last position they held. Forty-nine of them either had never worked for wages before or had had no regular employment and had kept no track of their earnings. The remaining 42 can be said to be doing better. In making this estimate it has been necessary to take into account the value of their board, room, laundry and medical attention, which are provided by the State.



### *How Many Hours on Duty Per Day.*

The hours of duty for different classes of employees varies. Mechanical and clerical forces have an eight-hour day. Attendants and nurses work 13 hours on the day shift and 11 hours on the night shift.

Those who have the day shift frequently have to do what is known as late duty. Late duty consists of accompanying patients to the dances and moving picture shows. During the fall, winter and early spring there is a dance once a week and a moving picture entertainment once a week. Some wards require more than one attendant to accompany their patients to these entertainments. These attendants, when they do late duty, work continuously about 16 hours. Extra duty falls to the lot of attendants to the extent of about twice a month for the women employees and about three times a month to the men. Some women, on account of the extra hard work of their wards, are allowed an hour's rest at noon. A few of the attendants have worked in mechanical departments and while there, were on duty only 8 hours.

### *Is This Your First Job?*

The question was asked each one, "Is this your first job?" meaning by that the first job in which they earned their own support or living. To this question 43 replied *yes* and 58 *no*.

### *Is This Position Easier or Harder Than Your Last?*

I attempted to secure from each employee his opinion whether his present work was easier or harder than his last preceding job. Twenty-seven replied that it was harder; 29 that it was easier. These made no reservations or qualifications. Nineteen said that the work was about the same as that which they had been doing. One replied that it was harder, but that she liked it better. One said that it was not so hard physically, but it involved more nervous strain. Two said it was no harder except that the hours were too long. Ten could not make any comparison. One thought it was easy.

#### *In the Training School.*

Yes .....	27
No .....	74

#### *Any Hospital Experience or Training Before Coming Here?*

No .....	83
Yes .....	18

#### *Any Preparation Fitting You for This Position Before Coming Here?*

No .....	82
Yes .....	19

#### *Classification.*

Attendants .....	85
Graduates .....	8
Charge attendants .....	7
Hydrotherapist .....	1

#### *Domicile.*

Living on wards .....	37
Living off grounds .....	16
Living in nurses home .....	48

101

#### *Principal Objection to Present Position.*

Long hours .....	40
Hours and wages .....	13
Hours and food .....	15
Food alone .....	1
No particular objections .....	6

Don't like work .....	2
Satisfied, but would like better food .....	1
Doesn't like her room .....	1
Hours, food and pay .....	9
Want more wages and leave hours remain .....	3
No objection to hours .....	1
Worry and nervous strain .....	3
Confinement .....	1
Confinement and bad air .....	1
Not present long enough to say.	2
Wages and food .....	1

101

#### *Advantages of Present Position.*

None .....	17
Steady employment .....	12
Wages better .....	18
Work is easier .....	6
Training and experience .....	10
Steady employment, comforts, conveniences, etc. ....	12
Steady employment and training	4
City life .....	1
No reply, couldn't make comparisons .....	18
Yes .....	1
Wife and mother members of family also work here .....	2

101

*Any Opportunity Afforded for Advancement or Promotion?*

Yes .....	72
No .....	22
Don't know or non-committal .....	7

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 101

Later I will furnish you a copy of the charts on which you will find the answers to each question by each of the 101 employees.

It is scarcely necessary to elaborate on the findings, but a few points should be made. You will notice that few have had education beyond the rural or the graded school. We found no high school graduate, though several have had one or two years in a high school course.

A large number are, for the first time, making their own living.

Many manifestly have entered the service because they can do better there than elsewhere.

Few have a trade or profession.

The replies and the explanations made, indicate strongly that, with all its drawbacks and long hours, the work is not hard.

I was surprised at the small number who are availing themselves of the advantages of the training school, where it is possible to get a fine education in nursing without expense or loss of time.

The recapitulation of wages paid demonstrates plainly that an effort is being made to reward merit and good service.

We must not overlook the fact that attending and nursing the insane is a kin to a profession and cannot be reduced to, or gauged by arbitrary wage-levels. Minimum and maximum wage levels very properly can be set out, but even then the superintendent and his assistants should have liberty to make advancements for meritorious service and attention to duty. The system of advancing all a certain sum per month until the maximum is reached, simply deadens and kills ambition and leaves the service stagnant.

The slovenly, careless, unsystematic attendant gets the same increase as the alert, neat, attentive and effective attendant. The increase produces no good in the first type and stops the development of the promising material in the second.

The maximum level should not be tightly fixed. When extraordinary service and merit warrants it, an employee should be raised beyond it.

Before concluding I know you will pardon me for imposing upon you a few of my opinions relative to the treatment of employees in all of our charitable institutions.

Nearly all of them come from southern Illinois. Many of them have never been away from home. They are beginning to earn their way. Among them are young girls of 18 who have been forced into the world. They are inexperienced in the ways of man and of the world. They have had little education. They have had few advantages. Few of them have ever seen an insane patient. None of them have any idea or conception of the character of the place or of the work they are about to enter.

They arrive with their little stock of clothing and are appalled at the magnitude of the institution, the extensive sweep of lawns, the tremendous buildings, the press of activity seen on every hand. There is no one to welcome, no one to say a kind or helping word. They are interviewed by the chief nurse or a subordinate. The chances are that they are assigned at once to the most difficult ward. They receive a formidable book of rules, full of "don't" and "do." Many of these rules they do not understand; they cannot understand them. They reach the ward which is to be their place of employment. Naturally the fear of the insane asserts itself and it is with trepidation they enter the door.

The attendant or nurse in charge gives the newcomer a few orders and she is bewildered.

She stands in the midst of a crowd of grueling, noisy, destructive, impulsive, perhaps untidy insane. For 13 hours she struggles along, getting her only direction and information by watching others. If they be unsympathetic and rough, or even neglectful and brutal, she learns that way.

Though her instinct is better she soon finds herself following the easier way of managing her charges.

Day after day she goes along trying to do her duty. In that time she sees the ward physician once or twice a day and he never speaks but to criticize or complain. He talks with the charge nurse, asks a few questions and departs. The chief nurse perhaps never comes. The supervisor comes and goes and has no word of kindness or sympathy. She meets her superiors on the walks and about the grounds and none of them notice her.

It is not long until she has absorbed the prevalent institution pessimism and has commenced to follow the old trails. The attitude of her superiors is the attitude of tradition. It is the same today as it was 20 years ago. The course she follows is the traditional course of the employee. It was the same 20 years ago.

This young woman from whom the State could make a most valuable employee and who, with a little attention, would become an ornament to humanity, within a month is simply one of an old type.

Before long she disobeys one of the scores of rules, or in her desperation she slaps an unruly patient or permits him to be neglected. Spying eyes detect her. She is reported and promptly discharged.

The innate sense of the square deal is outraged. She has erred unintentionally, or under the weakness of long strain. Patience has been worn threadbare and breaks. If she does not violate a rule and get her discharge for it, she becomes discouraged and quits.

Hence we have in our hospitals the attendant force changing every six months. It is so in all states, but it is so because the methods of treating employees is the same as those which prevailed 20 years ago, just as the methods of treating patients in scores of hospitals are the same as those of two decades ago.

Kindness, attention, consideration for their short comings, their lack of opportunity, their inexperience, a friendly word of encouragement, a decent chance, a square deal, a recognition of the spirit of independence that animates every American born and respect for it in them, would go a long way towards making our service more attractive to young men and women. If the new employee or the old one, were only made to feel that she is a part of the great organization, that its success depends somewhat on her and that, in that success, she would receive a share of credit, how much better she would feel and how much more valuable she would be to the public and to the patient.

I am convinced that the employment of a trained social worker whose only and full duty should be the care and treatment of the employees, would pay a 100 per cent dividend in efficiency and contentment.

Such a social worker would look after the social requirements of the employee. The young women who enter the service are very much in need of such protection and aid as she could give them. These young people ought to be socially sufficient unto themselves, and, if properly directed in their social activities, could live happily at the institution.

She would have charge of a clubhouse for both sexes. She would arrange and direct the entertainments and amusements. Her advice in many matters, would be of inestimable benefit to the girls, and I have no doubt would prevent many a false step.

Improvement in the spirit and atmosphere which would follow the intelligently directed social aspirations of our employees, would result in contentment and that in better and more efficient service on the wards.

You see from the foregoing table how the number of employees has been growing very slightly while that of the patients has been increasing fast, yet the service which patients are getting has rapidly, I might say radically, improved and is still improving.

With the abolition of restraint, with the opening of cottages and the removal of screens and locks we find that it is easier to care for and treat many more patients with comparatively no more employees. This is the effect of efficiency. But we have just started.



There is so much to be done for the employee which should be done for the selfish reason, if no other, that it will improve the service and reduce expenses of administration.

Salary, sleeping accommodations, hours, meals and the like are improving, but, if brought to perfection, they would not be enough. None of us care to live on them or for them alone. We expect more in life. We seek something else from our fellow men.

That is exactly the situation in which the employee finds himself at our State institutions. If you get to the bottom of the discontent and could analyze it to its last element, you would find its root to be the old traditional air of superciliousness that accompanies authority and the hatred of the inferior ranks for that authority.

Occasionally I find an employee who is smart enough to recognize the disease and I have had it diagnosed to me very much better than I have been able to diagnose it to you in this report.

I have spoken very plainly and without fear in this report. I have tried to give you the facts, that you may be intelligently advised.

I want to add just one word here for the superintendent and his staff at Kankakee. They are making an effort to rid the institution of this evil of which I have just written. There is a new spirit towards employees. I felt it in all my contact with employees. I think there is an improvement in the relations among the different branches of the service there, but there is so much to be done to get the best results, that it will require a long time.

Accompanying this report are the letters I have received from other states. Within a few days I will send to you a copy of the charts containing the replies of the 101 employees to all the questions put to them.

Respectfully submitted,

A. L. BOWEN,

*Executive Secretary State Charities Commission.*

The following table epitomizes the facts contained in the replies from these six states, which by the way, are considered the leading states in the matter of public charities:

Name of state.	Wages.		Housing.	Tenure of service.	Hours of duty.
	Male.	Female.			
Indiana, Madison Hospital....	\$22-\$25	\$30-\$24	On wards.....	No civil service....	12 to 15
Indiana, Richmond Hospital....	22-40	18-30	..do.....	..do.....	12 to 15½
Indiana, Logansport Hospital....	20-28	18-25	..do.....	..do.....	12½ to 15½
Iowa.....	.....	.....	Wards and homes....	..do.....	12
New York State.....	.....	.....	..do.....	..do.....	12 to 13
Ohio.....	30-0	20-30	On wards.....	Civil service since Jan 1, 1914.....	9½ to 14½
Massachusetts.....	23-65	18-41	Homes.....	No civil service....	65 a week
Wisconsin.....	25-30	20-25	..do.....	Civil service.....	13
Illinois.....	25-35	20-30	Homes and wards....	..do.....	11 to 13

NOTES.—Eight-hour system in no state. Wisconsin is the only state in which it has been agitated. By length of service in Wisconsin males may go to \$40 and females to \$30 per month.

Average wage for male attendants in nine Massachusetts institutions in 1913 was \$29.22; for females \$24.98. Eight-hour system has been considered from time to time, but with no result. Thirty-five separate houses for employees at nine institutions.

New York has never seriously considered the eight-hour day. Employees are reported as not interested. Average changes in employees range from 30 per cent to 100 per cent.

At Logansport, Ind., ward employees average only six months in the service. Indiana employees have no civil service protection, but law forbids changes without cause. Iowa salaries range from \$23 to \$35 for non-graduate attendants. Report is not made on salaries paid different sexes. There is no civil service in Iowa, but law prohibits any person from recommending or suggesting the appointment of any one in charitable institutions, so that the superintendent has a free hand to appoint and discharge. Iowa has never considered the eight-hour system.

SOUTHEASTERN HOSPITAL FOR THE INSANE, GRAYMONT,  
MADISON, INDIANA.

DR. E. P. BUSSE, *Medical Superintendent.*

OCTOBER 9, 1914.

*Mr. A. L. Bowen, Springfield, Illinois.*

DEAR SIR: Complying with your request to Mr. Butler, concerning wages paid attendants in this hospital, would say that the maximum wage for men is twenty-six dollars (\$26) per month and the minimum wage twenty-two dollars (\$22) per month. The maximum wage for women is twenty-four dollars (\$24) per month and the minimum twenty dollars (\$20.)

They are on duty practically all the time, with the exception of leaves of absence. See Rule Book pp. 28 and 45.

There is no special building for housing these employees. Day attendants have quarters provided on the wards, the night attendants have separate quarters on the third floor of Ward F for men and Ward 6 for women.

We do not have state civil service in Indiana, and so the superintendent reserves the right to discharge without notice, unsatisfactory employees. All prospective employees must fill out and send in regular form application blank, copy of which I am mailing you under separate cover.

Our hospital has only been open four years and many of our employees have been with us since that time, in fact, the majority have been here between two and three years.

Trusting that we have given you the desired information, I am,

Very truly yours,

E. P. BUSSE,  
*Medical Superintendent.*

EASTERN INDIANA HOSPITAL FOR THE INSANE, EASTHAVEN.

DR. S. E. SMITH, *Medical Superintendent, Richmond, Indiana.*

OCTOBER 9, 1914.

*Mr. A. L. Bowen, Secretary, State Charities Commission, Springfield, Illinois.*

DEAR SIR: Your telegram to Mr. Butler has, owing to his absence from home, been referred to me for your answer.

The wages paid attendants and employees are substantially the same in all of the hospitals in Indiana. In this hospital women attendants receive from \$18 to \$30 and men \$22 to \$40 per month, depending upon the length of service. Women begin at \$18 and receive \$20 when advanced to head attendants, or to night service. Men begin with \$22 and receive \$25 when advanced to head or night attendants. Additions are made for length of service. The hours are long and the attendants are subject to call at any time. They begin at the rising hour 6.00 a. m., and continue until 9.15 p. m., except on alternate evenings, then they are off duty between 6.30 and 9.30 p. m. At the rising and retiring hours all attendants, both day and night, are on duty. Leaves of absence of one afternoon and evening each week, and often more when possible, are granted. At the end of a year's service a vacation of two weeks with full pay is granted. We have no nurse's home and one could not be satisfactorily used in this hospital for the reason that it is constructed on the cottage plan and each cottage is completely and independently organized. I cannot give you the approximate average tenure of service, as I have never had occasion to figure it. Changes, however, are too frequent and the service varies from a few weeks to 25 years. We have no civil service system, but attendants and all other officers and employees in the hospital are protected by a well-defined law based upon meritorious service and free from political interference. Attendants and employees are selected from applications made directly to the several medical superintendents.

Yours respectfully,

S. E. SMITH,  
*Medical Superintendent.*

NORTHERN HOSPITAL FOR INSANE, LONGCLIFF, LOGANSPOET,  
INDIANA.

FRED. W. TERFLINGER, *Medical Superintendent.*

OCTOBER 9, 1914.

*Mr. A. L. Bowen, Secretary, State Charities Commission, Springfield, Illinois.*

MY DEAR SIR: I am requested by the Indiana State Board of Charities to send you the following information:

Maximum wages paid men.....	\$28 00
Minimum wages paid men.....	20 00
Maximum wages paid women.....	25 00
Minimum wages paid women.....	18 00

Their hours of duty are from 5.30 a. m. until 6.00 p. m., with day attendants on duty alternately every evening with the night attendant until 9.00 p. m. One full day off duty each month and one afternoon off duty each week. We have no special building for the housing of such employees. Attendants room on the wards to which they are assigned. The approximate average tenure of service is six months. We have the equivalent of a complete change in the personnel of the employees every six months. Our course of supply is largely from the southern counties of Indiana, although we receive some employees from other institutions. They are not selected or protected by civil service.

I trust this information will meet your requirements, and I am,  
Very truly yours,

F. W. TERFLINGER,  
*Medical Superintendent.*

T-McC.

STATE OF NEW YORK, THE STATE HOSPITAL COMMISSION, ALBANY.

COMMISSIONERS:

ANDREW D. MORGAN, *Chairman*; JAMES V. MAY, M. D.; FRED H. PARKER.

OCTOBER 9, 1914.

*Mr. A. L. Bowen, Secretary, State Charities Commission, Springfield, Illinois.*

DEAR SIR: Your telegram of the 8th came duly.

Herewith I enclose our last printed schedule showing the minimum and maximum wages paid our different classes of employees in the state hospitals.

The hours of duty for the nurses and attendants in the different state hospitals vary somewhat, but range generally from 12 to 13 hours.

We have excellent special buildings for state hospital employees, photographs of which you may find in our annual reports which I think have been forwarded to you regularly.

The eight-hour system has never been seriously considered in this state for hospital nurses and attendants. At times when a revision of the wage schedule has been taken up, employees have not seemed especially interested in the plan and the cost has seemed prohibitive.

The changes in the nursing staffs of the different hospitals vary considerably. Thus at the Willard State Hospital, located in a rural community, changes amount to but 30 per cent as stated in the last report of this hospital, while at the Binghamton State Hospital only 40 miles away and located in a city, they averaged 100 per cent.

The attendants are subjected to a non-competitive test before entering the service. This does not afford them any special protection. When their services become unsatisfactory from one cause or another, they are, after due notice in writing, simply given a hearing by the superintendent or his assistant as a preliminary to their dismissal.

Very truly yours,

JAMES V. MAY.



## THE OHIO BOARD OF ADMINISTRATION, COLUMBUS.

P. J. SHAFFER, *President*; A. F. SHEPHERD, M. D.; STARR CADWALLADER;  
T. E. DAVY.

E. F. BROWN, *Fiscal Supervisor*; W. E. HASWELL, *Secretary*.

OCTOBER 9, 1914.

Mr. A. L. Bowen, *Secretary, State Charities Commission, Springfield, Illinois.*

DEAR SIR: Your telegram of the 8th inst., to Mr. H. H. Shirer, Secretary Board of State Charities, has been forwarded to this office.

In reply I have to advise that the maximum and minimum wages for attendants and nurses at the state hospitals for the insane are as follows:

Women, \$20 to \$30 a month and maintenance.

Men, 30 to 40 a month and maintenance.

The hours of duty are approximately as follows:

5.15 a. m. to 8.00 p. m.,

5.15 a. m. to 5.30 p. m., alternately;

with one-half day off each week. Every third week each attendant or nurse is allowed a half-day Saturday and all day Sunday. Continuous service for six months entitles each attendant or nurse to one week's vacation.

No separate buildings are provided for housing employees except in one or two instances.

The eight-hour system has never been installed at any of the state institutions. To answer your question as to why the eight-hour system has not been installed is beyond my power. I would venture a guess, however, that the expense incident thereto has been the principal reason.

It is also impossible for me to answer your question as to the approximate average of tenure of service, but it seems that male attendants remain longer in the service than women.

The supply is usually recruited from country communities.

Since January 1, 1914, all appointments in the state service are made from eligible lists submitted by the State Civil Service Commission of Ohio.

Very truly yours,

W. E. HASWELL, *Secretary*.

WEH-G

## THE COMMONWEALTH OF MASSACHUSETTS.

THE STATE BOARD OF INSANITY, STATE HOUSE, BOSTON.

OCTOBER 9, 1914.

Mr. A. L. Bowen, *Secretary State Charities Commission, Springfield, Illinois.*

DEAR SIR: Your telegram to Robert W. Kelso, Secretary of the State Board of Charity, has been referred to this department for reply.

There is no minimum and maximum rate wage for attendants and nurses at State hospitals that is uniform for the entire State institutions for the insane. The average monthly wage for ward service for six insane hospitals and three asylums for the year ending November 30, 1913, was \$26.85—males \$29.22 and females \$24.98. The wage varies from \$18 to \$41 for females and from \$23 to \$65 for males.

The hours for nurses are not uniform. They number practically 65 hours a week. Some of the institutions have reached the standard of 60 hours a week with one day off in seven. The eight-hour law has been considered from time to time but there is difficulty in obtaining sufficient appropriations.

For the year ending November 30, 1913, 3,981 different persons were numbered under ward service at the six insane hospitals and three asylums. The average number of nurses was 1,352. There were 2.94 rotations.

Nurses' homes have been established at several of the institutions and new ones are being added as rapidly as possible. For this class of employees, there are approximately 35 separate houses.

Nurses and attendants in the State institutions are not selected through the civil service nor are they protected by it.

I trust this will give you such information as you may desire.

Very truly yours,

I. VERNON BRIGGS, *Secretary*.

B/Mc

## STATE BOARD OF CONTROL OF MADISON, WISCONSIN.

OCTOBER 9, 1914.

*Hon. A. L. Bowen, Secretary State Charities Commission, Springfield, Illinois.*

DEAR MR. BOWEN: I have just returned this morning and find your telegram of the 8th on my desk. I note that you desire the minimum and maximum wages of the attendants, male and female, at the hospitals for the insane, and that you also desire to be advised as to the hours of duty and whether our hospitals have separate buildings for housing such employees and whether the eight-hour system has ever been considered, and also the average tenure of service of attendants at the institutions.

Under the rule of the board male attendants are started at \$25 per month. Their wages are increased \$1 per month at the end of each quarter provided that their services are satisfactory, until they reach the maximum \$30 per month. Twenty-five dollars is the minimum and \$30 the maximum, but they can be increased from time to time until they reach the maximum of \$40 per month by protracted service and superior qualities. Forty dollars per month only applies to charge attendants or attendants having charge of wards.

Female attendants are started at \$20 per month and are increased \$1 per month at the end of each quarter until the maximum of \$25 is reached, but there is also a possibility that they may reach \$30 per month by protracted service and superior qualifications. This also applies to charge attendants.

At the Northern Hospital for the Insane we have a nurses' home or a home for female attendants and we are now erecting a nurses' home at the State Hospital for the Insane. These are the only two institutions for the treatment of acute insane.

I am not positive as to the number of hours of service, but I think that the attendants are on duty about 13 hours a day. We have considered the advisability of establishing an eight-hour system, but if that is done there will have to be two shifts each day and that will add very materially to the wages and salaries account of the institutions. We have not been able to convince committees of the Legislature that there is a necessity for establishing the eight-hour system. The attendants are appointed from civil service lists and all the employees of the institutions are protected by civil service, except the superintendent. Many of the attendants of the institutions have been in the service a long time. Some of them as long as 20 and 25 years. We do not encounter much difficulty in getting a good class of attendants, both on the male and female sides. I believe that the time will come when the eight-hour system will have to be established. The matter is being agitated for the establishment of an eight-hour system in all the State institutions and the labor organizations of the State are constantly agitating this matter when the Legislature is in session.

Practically all of the employees of the State institutions are on a sliding scale. That includes the engineers, assistant engineers, firemen and all other employees.

After you receive this letter if there is any further information which you desire kindly communicate with me. I would write you more fully this morning only that I am crowded with other work which has been delayed on account of my absence. I attended the Prison Congress at St. Paul and was gone two days.

I hope that you are well and that things are going well with you.

Very sincerely,

M. J. TAPPINS, *Secretary.*

## BOARD OF CONTROL OF STATE INSTITUTIONS, STATE OF IOWA.

DES MOINES, October 8, 1914.

A. L. Bowen, Secretary Board of State Charities, Springfield, Illinois.

DEAR SIR: We have your telegram of this date relative to salaries of employees, in our state hospitals. The maximum in the four hospitals for the insane is as follows:

	With board and laundry.
Head nurses .....	\$50 00
Attendants, graduate .....	40 00
Attendants, non-graduate .....	35 00

On tuberculosis wards attendants are allowed \$2 per month extra.

We note by referring to pay rolls that the amount actually paid for head nurses at the Mt. Pleasant Hospital is \$48; at the Independence Hospital \$45.

Relative to the minimum paid for graduate attendants, we find that the amount ranges from \$32 to \$37, a few receiving the maximum of \$40.

Relative to the minimum paid non-graduate attendants, our pay rolls show that these range from \$23 to \$33, a few receiving the maximum of \$35.

I presume you have a copy of our last biennial report. By referring to page 57 you will find a list of all employees with the amounts actually paid, and this will give you a good idea of the minimum wage.

The hours of duty for these employees are 12 hours.

We have a special building for employees at one insane hospital only, viz: the State Hospital at Independence.

We have never considered the eight-hour system.

It is difficult to state the average tenure of service of this class of employees. Some have been in the institutions for a number of years, but most of them were appointed in 1913 and a few in 1912, which indicates that this is a shifting class.

We cannot state what per cent of the attendants and nurses graduated in the institutions remain there to work after graduation, but do not believe it is a large per cent.

They are also secured from other institutions in neighboring states.

They are not selected or protected by civil service, but under our law the institutions are prohibited from mixing in politics and the heads of the different institutions are not subject to change when there is a change in the State administration. All employees in the various institutions are appointed by the superintendent or chief executive officer, and this board is prohibited by law from even recommending any one for a position in any of the institutions.

We have given this information hurriedly and trust you will pardon same if it appears disconnected or is not as complete as you desire. If there is further information which we can give you, kindly advise.

Very truly yours

BOARD OF CONTROL OF STATE INSTITUTIONS.

By H. L. SHROPSHIRE, Storekeeper.

HLS/HS



## PUBLIC AND PRIVATE CARE OF EPILEPTICS IN THE UNITED STATES AND CANADA.

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(Read before the Alienists and Neurologists of the United States, under the auspices of the Chicago Medical Society, July 16, 1914, by Mr. William C. Graves, ex-President of the National Association for the Study of Epilepsy and the Care and Treatment of Epileptics; and adopted as the Report of the Committee on the Prevention of Epilepsy and the Care of Epileptics as the form of appeal to Governors and Legislatures of States not having colonies for Epileptics.)

Epilepsy is a common disease. It is as old as written history. Its victims have suffered for ages. In dark and ignorant periods of the world even death has been meted out to epileptics, because of a misunderstanding of the nature of their ailment. This disorder is so common that most of you have seen its victims fall rigidly and violently, gradually pass into severe muscular spasms, sleep a little and then arise and walk away. This is a common type among the many types. Those who study epilepsy more closely note the changes before and after seizures—changes in the intellectual and moral nature of the victim, irritability, violence, murderous violence, untidiness, and gradual mental deterioration as the disease progresses.

The epileptic is dangerous to himself and to others. Often he commits most horrible and brutal crimes apparently without motive, without responsibility, and without even knowledge of the revolting acts. The seeming most harmless epileptic may in an instant become dangerous.

To himself, also, the epileptic is a constant menace. The seizure usually occurs without sufficiently definite warning to permit preparation for the attack. The patient falls like a stone, without the least possibility of saving himself, for he is unconscious. Severe wounds, burns and all manner of injuries are the result in and out of public institutions. The confirmed epileptic is apt to bear many scars as the marks of his disease.

Epilepsy also incapacitates its victim for the ordinary occupations of life. He cannot be employed in positions of responsibility. Everywhere he is barred from employment. The shock of seeing him fall and go into convulsions is too great for the sensibilities of other employees and customers. He is barred also from social intercourse with his equals. He dare not go to public meetings. Each case, no matter how slight its manifestations usually are, is apt to tear off its disguise at any moment with resulting unpleasantness and danger.

### EPILEPSY NEARLY AS WIDESPREAD AS INSANITY.

The disease is far more general than is supposed. Careful census made in various places show that epilepsy is at least nearly as widespread as insanity. Perhaps it is more common. The average figures run from one epileptic to five hundred of population to one to three hundred. Take the census of the city or county you live in and see what a tremendous amount of suffering this means in your locality.

And the horror of it is that epilepsy is in a large measure a preventable disease. Heredity plays the most important role in its causation, as it does in insanity, yet our laws practically license marriage to anyone of sufficient age. Until this is changed, no great lessening of the number of epileptics can be expected.

There is a great epileptic population now living which must be treated and cared for. Their condition today is far better than a few years ago. Their needs have been studied and are generally being supplied by commonwealths and religious organizations.

### PUBLIC CARE OF THE EPILEPTIC.

The first special public institution for epileptics was established as recently as 1867 at Bielefeld, in Western Germany. This was called the Bethel Colony. In 1886 a colony was founded in England by private philanthropy. In 1892 Ohio opened its institution at Gallipolis. From these beginnings the movement has grown splendidly. In Germany there are fifty institutions having a special provision for epileptics. Switzerland has three, Holland two, Belgium also makes provision for epileptics. England now has nine institutions of which four or five are of some size. Australia has an institution. In this brief summary reference is made to sane epileptics. Everywhere, as in Illinois, insane epileptics are provided for as insane persons and only too often the real injustice of sane epileptics confined with insane persons is met.

Following the lead of Ohio, which in its institution cares for both sane and insane epileptics, New York was the second American state to found an epileptic colony. This was at Sonyea, in 1894. This institution is for sane epileptics. Massachusetts, New Jersey, Kansas, Missouri, Texas, Indiana, Pennsylvania, Virginia, Connecticut, Illinois, Iowa, Michigan and Wisconsin have been added to the list of states making special provision for epileptics. Except for Indiana, which has a colony in operation, the states in our locality, viz: Illinois, Iowa, Michigan and Wisconsin, have just swung into line and are in the early reaches of progress toward a definite result.

In the province of Ontario, Canada, there is an epileptic colony.

There are two private institutions in the United States, one the Emmaus Asylums in Missouri and the other the Passavant in Pennsylvania.

### MASSED INFORMATION ABOUT NORTH AMERICAN INSTITUTIONS.

During the present year I asked ten pertinent \*questions of superintendents of the fourteen public and private places on the North American Continent that have institutions in operation and out of the replies, omitting as far as possible the details, it appears that the total population on May 1, 1914, was about 7,000 patients. These institutions own about 9,500 acres of land of which about 3,900 acres are under cultivation; and the value of the land is about \$810,000. These institutions have 390 buildings valued at \$4,800,000, with equipment, fixtures, furniture, furnishings, etc., of a value of about \$900,000, making a total property value of about \$6,500,000. The per capita cost and analysis of what items go to make up that figure proved an interesting subject. The lowest per capita was \$62.91 at the Hospital for Epileptics, Woodstock, Ontario, and the highest per capita cost was \$248.20 at the Passavant Memorial Homes for the Care of Epileptics at Rochester, Pa.

During the last two years the number of new institutions authorized was four, or a percentage of increase of 36 per cent, which is encouraging.

Indiana, Virginia, Texas, Connecticut and Ontario were reported as having laws that give institutions the power of custodial detention over patients. New York, Massachusetts, Ohio and Kansas have that power over insane, or dangerous, epileptics. New Jersey reported broader powers. Pennsylvania and Missouri answered the question in the negative.

Consecutively estimating that there is one epileptic to each 400 of the population of the United States, and Canada, there are 250,000 so afflicted among our 100,000,000 souls, and suppose that one-half of these, or 125,000, need care in special colonies, then indeed the fact that we are so caring for only 7,000 shows the great need of a campaign to create epileptic colonies.

\*The questions and briefs of the answers appear in a table accompanying this paper.

The reasons which are given in the foregoing are sufficient to prove that the epileptic is best off removed from ordinary society. It is a strange, yet fortunate, thing that epileptics are remarkably sympathetic to the needs of each other and the devotion with which one epileptic will watch another through a seizure, safeguarding him so far as possible, is often beautiful to see. This is another of the many reasons which make it desirable that epileptics live together.

### CAUSES OF THE DISEASE.

Medical science has as yet failed to discover the cause of the disease, probably because each case is a problem in itself. Cures are not numerous. Segregating epileptics in special institutions has contributed much to our knowledge of the disease and has advanced especially our knowledge of the symptomatology and treatment of the condition.

Where a few years ago, the epileptic was stupefied with sedatives and made to live a living death, now, under colony regimen, sedatives are used as little as possible and an effort is made to find the best treatment for each case. Strangely enough, the same agents which are so beneficial in combating tuberculosis are of the greatest benefit in these cases. Work in the fresh air and good, wholesome, and carefully chosen food are better than medicine. Colonies with their large farms provide this to advantage and are thoroughly proven to be the most satisfactory method of treating and caring for this disease.

Segregation in special institutions has another great advantage. It prevents the propagation of the disease by the marriage and intermarriage of epileptics. The great advantages of this are lessened in some states by the fact that the colonists are voluntary inmates of the colony and cannot be held against their will except in cases where their condition is immediately dangerous to themselves or to others.

### ECONOMIC SIDE OF THE QUESTION.

The economic side of the question is also of importance. The epileptic is not generally capable of self-support and is often a charge on his family. In an institution, where there are many like him, special provision can be made to utilize his work to the fullest extent. This, of course, should be the case with every public charge. Each should return to the State for his treatment and care as great an equivalent in work as is possible. Because of this work the public cost of maintaining the epileptic is less than the cost of maintaining the insane.

The general statements made in this address are based on a mass of facts and figures too voluminous to present in so brief a paper, but I reiterate that the public care of epileptics in colonies is shown by experience to be in every way best for their interests and for the interests of the general public.

### NATIONAL ASSOCIATION'S SPLENDID WORK.

The National Association for the Study of Epilepsy and the Care and Treatment of Epileptics, aside from scientific work in the form of such research as scanty funds would permit, has carried on campaigns for the establishment of epileptic colonies. That there are eleven public colonies in the United States today, and four new ones authorized, bears witness of the intelligent zeal of the men in this organization and of the soundness of their arguments. At the 1914 meeting of the Association, held in Baltimore in May, it was decided to carry on vigorous campaigns in the thirty-eight states not having colonies in the hope that soon the unfortunate, primitive, shocking manner in which most epileptics who are public charges are cared for, will give way to the best known form of care—the colony. I am sure the Association will welcome the cooperation which your honorable body purposes to give along generally similar lines of activity.



MASSSED INFORMATION ABOUT PUBLIC AND PRIVATE COLONIES  
AND INSTITUTIONS FOR EPILEPTICS IN THE UNITED  
STATES AND CANADA.

1. Does the law in your state give your institution the power of custodial detention over patients?
2. Briefly, what is the line of effort for the education of your patients?
3. What was your population, by sexes, and total population, May 1, 1914?
4. What was the actual net per capita cost of maintenance for the last fiscal year, and what is included therein?
5. What percentage of patients admitted were discharged as cured during the last year, and for what period were those patients free from seizures preceding discharge?
6. What percentage of patients admitted were discharged as improved during the last year?
7. How many acres do you own; how many are under cultivation, and what is the estimated value of your land?
8. How many buildings have you, and what is their estimated value and the estimated total value of their equipment, furniture, and furnishings?
9. What were your total receipts and disbursements for the last fiscal year, showing: (a) Total maintenance; (b) Total all other purposes?
10. Any remarks about notable developments or happenings during the last two years?

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THE OHIO HOSPITAL FOR EPILEPTICS,

GALLIPOLIS, OHIO.

G. G. KINEON, M.M., SUPERINTENDENT.

1. The law in the state of Ohio gives the institution the custodial detention over patients, provided they are considered dangerous or if they are convicted of a criminal offense.
2. The children, both boys and girls, are given elementary school work and are also instructed in chair caning, basket weaving, plain and fancy sewing, housekeeping, cooking, laundry work, gardening, etc.; the general idea being to teach them something which will be useful to themselves and families in case they return to their homes. The older patients, both men and women, are given instructions in the various departments of the institution, the majority of the women doing housework, laundry work, sewing, and cooking, while the men work on the farm, in the gardens, lawn, and workshops.
3. Population, May 1, 1914, 714 females, 615 males; total 1,529.
4. Per capita cost of maintenance for the past fiscal year: gross \$160.07; receipts from outside sources, \$26.33; net per capita cost of maintenance, \$133.74. This includes all personal service, subsistence, clothing, and sundries, such as heat, light, power, water, etc.
5. The number of patients discharged as recovered was equal to 1 1/10 per cent of the total number admitted. That means they have gone over two years without having an attack.
6. The total number of patients discharged as improved during the year equal 32 2/10 per cent of the total number admitted during the year.
7. The hospital grounds consist of 540 acres, 125 of which are under cultivation, the rest being in lawns, hills, woods, etc. The estimated value of this land is \$54,800.
8. Fifty-two buildings, exclusive of small buildings and out buildings. The estimated value is \$712,377. The estimated value of the furniture and furnishings of these buildings is \$33,257.01.
9. Total receipts and disbursements, \$284,773.56; \$234,182.59 being the total maintenance, and \$50,580.97 being the expenditures for all other pur-

poses. The amount received from outside sources, such as the sale of products and from friends for the maintenance of patients amounted to \$38,524.69.

10. Twenty per cent of the patients admitted during the past two years had been here previously for treatment. Twenty-three per cent of the entire number of patients admitted since the opening of the hospital give a record of having epilepsy or insanity in the family. Of the total number in the hospital at present, 11.16 per cent are hemiplegia, 4.64 per cent having left-sided hemiplegia, and 6.52 per cent having right-sided hemiplegia.

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### CRAIG COLONY FOR EPILEPTICS.

SONYEA, N. Y.

WM. T. SHANAHAN, M.D.

1. Under a recent law the Colony has the right to detain such patients as are admitted through the court after having been declared mentally incompetent. Applicants who are not incompetent mentally are received as voluntary patients.

2. General scholastic, manual and some physical training in a separate school building under direction of five teachers. Instruction in music is given by a resident band master, there being a patients' band and patients' orchestra.

3. Six hundred sixty-five females; 768 males. Total, 1,433.

4. Net per capita cost for fiscal year ending September 30, 1913, \$169.40; this excluding home product and various receipts turned into the State Treasury, including all salaries, wages, traveling expenses of officers and employees on Colony business, household stores, clothing, provisions, fuel, hospital and medical supplies and ordinary repairs.

5. No figure worth anything could be arrived at regarding what percentage of patients admitted during the year were discharged during the year. Of these patients discharged four were recovered, having been free from seizures for two years or longer, this number being 1.6 per cent of the discharges.

6. Thirty-four were discharged as improved, being 14 per cent of the total number discharged within the year.

7. The Colony owns 1,900 acres, of which 650 are under cultivation. Estimated value of land, \$115,000.

8. The present number of buildings, including farm and all other structures, is 95, their estimated value being approximately \$875,000. Personal property, including furnishings, etc., is approximately \$195,000.

9. Total receipts for the fiscal year for maintenance was \$302,500. Total value of product raised and miscellaneous sales, \$35,802.54. Reimbursements from counties for clothing, \$20,684.87. Reimbursements from relatives for maintenance of patients, \$7,229.29. Miscellaneous sales other than home product, \$3,322.43. All moneys received for clothing, reimbursements for maintenance, etc., are required by law to be turned back into the State Treasury and not retained by the institution.

10. Owing to lack of funds, no material development has been possible during the past two years.

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### MONSON STATE HOSPITAL.

PALMER, MASS.

EVERETT FLOOD, M.D.

1. Yes, if they are committed as insane or dangerous epileptics. Sane admissions are required by law to give three months' notice in writing of

their intention to leave the hospital. The attorney general has, however, ruled this law unconstitutional.

2. We have schools for the children and industrial instruction for all patients.

3. Four hundred sixty-nine females; 482 males. Total 951.

4. Two hundred fifty-one dollars and fifty-three cents. This is the actual cost of maintenance.

5. One patient was discharged during the year as having the disease arrested. Had been free from seizures for thirty months. This patient was admitted in 1910.

6. One hundred ninety-four were discharged on a visit as improved. Many of these were admitted in previous years.

7. Six hundred eighty-seven acres; 200 acres under cultivation. Value, \$32,262.

8. Patients' buildings, 18; nurses, 4; farm, stable and grounds, 18; miscellaneous, 9; value, \$452,471.56; value of equipment, furniture and furnishings, \$226,150.

9. Total receipts, \$16,307.18; total disbursements for maintenance, \$22,991.06; total disbursements for all other purposes, \$14,221.76.

## THE NEW JERSEY STATE VILLAGE FOR EPILEPTICS.

SKILLMAN, N. J.

DAVID F. WEEKS, M.D.

1. Under a recent amendment to our law the power to detain our epileptics has been broadened.

2. Our greatest effort is to educate our patients to do something about the institution. We have a complete educational department, starting with sense training, kindergarten, and going through the various grades as far as the eighth grammar grade in regular classes. Patients who can take instructions beyond this point are given individual attention. Our industrial department prepares cases to make our shoes and clothing, repair our furniture and do the many carpentry, masonry, plumbing and steam fitting jobs in the institution.

3. Two hundred eight females; 299 males. Total, 507.

4. The net per capita cost for the fiscal year ending October 13, 1913, based on a daily average attendance of 420.3 patients was \$300. This per capita was figured from the following expenditures: Administration expenses, table supplies, house supplies, clothing and clothing material, repairs, farm, stable and grounds, heat, light, power, and miscellaneous expenses.

5. No patients were discharged cured. Practically all who enter show improvement. Several patients up to this time have been free from seizures the following periods: Two years, 19; 1 year, 4; 9 months, 2; 6 months, 3; 4 months, 11; 2 months, 9; 1 month, 17.

6. Ninety per cent of the patients discharged were improved. The other 10 per cent would have been, had they not been removed before they became institutionalized.

7. The acreage of the village is 1,005, valued at \$50,779; 600 acres of this land is under cultivation.

8. Forty buildings, valued at \$661,988.40. Furniture and fixtures are valued at \$48,300.12.

9. Total receipts from private patients, county patients, sales of farm products, miscellaneous sales, and interest on trust funds amount to \$55,495.02. Received from State Treasurer, \$162,140.72. Total expenditures for maintenance including salaries and wages, \$156,094.85. Amount expended for betterments or for items purchased during the year and classed in the permanent assets, \$162,094.85. For repairs and improvements to buildings, \$6,045.87. Total expenditure \$162,140.72. Receipts for improvements and



addition to the permanent assets, \$92,482.12. Total expenditures for addition to water system, roads, land, furniture, trees and shrubbery and buildings, \$492,482.12.

10. The opening of three cottages and a thirty-five bed hospital; the extension of the water and sewer system; addition to the dairy barn; acquisition of additional farm with its farm buildings; two cottages for employees, which are about ready for acceptance, and a custodial building for the accommodation of one hundred patients which is under way, are notable features of development. The appropriations for developments for the past two years are the largest made to any institution in the State. The growth of the field work, the data gathered in the study of the inheritance of epilepsy, with introduction of sense training, being a modification of Fernauld, etc., methods, have advanced the work of the institution.

## HOSPITAL FOR EPILEPTICS.

PARSONS, KANS.

M. L. PERRY, M.D.

1. Insane epileptics are committed to the hospital by the Probate Court, a similar form of commitment being used as in the ordinary insane. Sane epileptics are admitted on voluntary commitment, the application being signed by the patient if of legal age or by the parent or guardian if the applicant is a minor. Voluntary patients cannot be held permanently against their will, but under a special act of the legislature the superintendent is given authority to detain forcibly, if necessary, such patients for a period of ten days after written notice is given that the patient desires to be released. I had this act passed so that we would have temporary legal control over voluntary patients for a period long enough to communicate with their relatives in the event the patient became dissatisfied and wanted to leave, so that arrangements could be made for his safe removal.

2. We have for several years conducted a school in connection with the hospital. Our school term is eight months in duration. We have not been able to secure the necessary appropriation to give us adequate school room facilities or equipment, but do a certain amount of ordinary grade work and quite a little sewing, fancy work, lace making, basketry, and elementary woodwork.

3. Our population May 1, 1914, was 322 males and 204 females, a total of 526. Of this number 24 were away from the hospital on that date on parole.

4. The actual net per capita cost of maintenance for the fiscal year ending June 30, 1913, which is the last period on which I have definite figures, was \$193.74. Our per capita cost is reckoned as follows: The sum of the total expenditures for maintenance, ordinary repairs, salaries and wages, less the fees collected and remitted to the State Treasurer, is divided by the daily average of the number of patients actually in the institution for the year.

5. During the fiscal year ending June 30, 1913, no patient was discharged as cured. We discharge on an average of about one patient per year whom we consider as cured. We discharge no patient as cured who has not gone at least two years free from seizures and other evidences of epilepsy. Not all our patients who go this long free from seizures are discharged as cured, as we have quite a number who have gone for a much longer period free from the ordinary epileptic attacks, but who show other evidences of the disease and whom we feel convinced are not cured but would have recurrences of their seizures if they were discharged.

6. Fifteen per cent.

7. The institution owns 640 acres of land, about half of which is under cultivation. The land has an approximate value of about \$150,000.

8. We have 22 buildings in connection with the hospital, their value being about \$500,000. Our equipment has a value of approximately \$100,000.

9. For the fiscal year our receipts were: (a) for maintenance, including ordinary repairs and salaries and wages, \$92,500. Disbursements, \$91,321. (b) All other purposes, receipts, \$28,151.37. Disbursements, \$22,186.42.

10. There have been a number of improvements in the last two years, including a very satisfactory cottage for boys and younger male patients; a cottage for custodial men of the better class; a large cold storage and ice making plant and considerable improvement of grounds, landscape, gardening, etc.

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### STATE EPILEPTIC COLONY.

ABILENE, TEXAS.

T. B. BASS, M.D.

1. Yes.

2. None, except as to work.

3. Two hundred females; 225 males. Total, 425. These are in the institution; some 75 are out on furlough.

4. One hundred sixty-seven dollars and seventy-nine cents. All expenses, clothing, fuel, medicine, and employees wages and salaries.

5. None.

6. About 17½ per cent.

7. Six hundred forty-three acres; 350 acres under cultivation. Value, \$32,150.

8. Seventeen buildings including barn. Total value, \$320,000.

9. Amount appropriated by legislature for maintenance and all other expenses, \$78,700. Received from sale of cows, farm products, etc., \$2,737.28, which amount was turned into the State Treasury and was not used by the Colony.

10. Have been treating all patients with Rattle Snake Venom since July, 1913, but have been very much disappointed in its results.

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### INDIANA VILLAGE FOR EPILEPTICS.

NEW CASTLE, IND.

W. C. VAN NUYS, M.D.

1. I quote from our organic law: "All persons admitted to the institution, shall, until properly discharged from said institution, be under the custody and control of the superintendent; and the superintendent may, subject to such regulations as the trustees see fit to adopt, restrain and discipline any patient in such manner as he may judge is demanded for the welfare of the patient and the proper conduct of the institution." "No person shall be discharged from the said Village for Epileptics until, in the judgment of the superintendent, the mental and physical condition of the patient justifies it."

2. Until last year, we have had no children of school age. A few are now being admitted and we are remodeling an old building on the premises and expect to have school for the children next winter.

3. Two hundred twenty-five males; no females.

4. Actual per capita cost of maintenance for the last fiscal year, \$251.50. This includes all maintenance, clothing, ordinary repairs and minor improvements, less earnings, paid into the State Treasury.

5. None.

6. None.

7. One thousand two hundred forty-five acres; 700 acres under cultivation. Estimated value of land, \$150 per acre.

8. There are 56 buildings, valued at \$216,670.85; furnishings and equipment valued at \$28,041.54. This number includes all barns, residences for employees, implement sheds, etc. We have 10 buildings for patients valued at \$152,684.32; furnishings of these buildings valued at \$9,435.73.

9. Total receipts, \$89,000.74; maintenance, \$55,547.20. All other purposes, \$33,453.54. Disbursements, \$89,000.74.

10. The last two years have been fairly prosperous with us. We received bids recently for the construction of six new buildings. One will be an isolated frame cottage for 27 epileptic teamsters, and furnished will cost approximately \$15,000. The other five buildings, consisting of one main building, one boilerhouse and three cottages for 25 patients each, will be the first buildings erected in our group for boys. Three additional cottages of the same size will probably be erected in the future. In addition there will, in time, be an amusement hall, industrial building, schoolhouse, green houses and a dairy barn in connection with this group, which group will be one of six distinct groups.

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## VIRGINIA STATE EPILEPTIC COLONY.

MADISON HEIGHTS, VA.

A. S. PRIDDY, M.D.

1. Yes.

2. Will open a school this fall for youthful epileptics of a mentality which promises any results from educational efforts.

3. Two hundred seventy-one epileptics; 160 males; 111 females.

4. For fiscal year ending September 30, 1913, based on an average population of 135, per capita cost was \$206.28, including all expenses of operating the institution, insurance and repairs.

5. Total discharges for last fiscal year, 14, apportioned as follows: Insane, 5; improved 7; unimproved 2. The discharges of those improved were not based on cessation of seizures but on lessening the frequency, general improvement in health, and conditions at their homes, which made their discharge consistent.

6. Fourteen per cent approximately.

7. One thousand acres; 200 under cultivation. Value, exclusive of buildings, \$50,000.

8. Ten buildings, value \$100,000; furniture and fixtures, \$10,000; equipment, \$61,000. Total value of plant, \$221,000.

9. Receipts and disbursements for year 1913, were \$79,703.81. (a) For maintenance, \$27,923.37; (b) For all other purposes, \$51,780.44.

10. During the year a three-story brick building was erected to accommodate 115 epileptic women, with kitchen, dining rooms, attendants' quarters and dining rooms, furnished complete at a cost of \$35,000. Farm, live stock, and other property have been greatly improved in value. The death rate was lower for last fiscal year than that of any epileptic institution in this country. An amusement hall, chapel and school rooms are now being built.

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## THE PENNSYLVANIA EPILEPTIC HOSPITAL AND COLONY FARM.

OAKBOURNE, CHESTER COUNTY, PA.

J. CLIFFORD SCOTT, M.D.

1. The law of Pennsylvania does not give us custodial detention over patients.

2. Children under 18 years attend school; and branches taught to eighth grade; also manual training, raffia, reed work, stencilling, etc., as well as agriculture and horticulture.

3. Population May 1, 1914, 48 females, 28 males. Total, 76.



4. The actual net per capita cost, 69 cents. This is net cost including all expenses based on Fidelity Trust Company annual statement. Our per capita cost has been for several years lowest of all institutions applying for aid from state.

5. None discharged cured for year ending May 1, 1914. One patient discharged May 6, 1914, cured, having had no attacks for two years.

6. None.

7. We own 142 acres. One hundred twenty-five acres are under cultivation. The estimated value is \$28,000.

8. Ten buildings in all, including farm house and barn. There are 3 cottages for patients.

9. Total receipts and disbursements on account of maintenance for 17 months, from January 1, 1912, to May 31, 1913, \$29,386.05; for 12 months, \$20,743.08.

10. New buildings have just been completed viz: central kitchen; assembly building for church, school and entertainment purposes; a \$12,000 addition to old industrial building combining with latter to make cottage for women. Girls cottage destroyed by fire November 19, 1912, about to be rebuilt.

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### THE CONNECTICUT COLONY FOR EPILEPTICS.

MANSFIELD DEPOT, CONN.

DONALD M. ROSS, M.D.

1. Yes. All must be regularly committed.

7. Five hundred acres; 100 acres under cultivation. Land cost, \$25,000.

8. Two buildings only for patients. Cost and cost of furnishings not yet fully estimated.

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### HOSPITAL FOR EPILEPTICS.

WOODSTOCK, ONTARIO, CAN.

J. J. WILLIAMS, M.D.

1. Yes.

2. None.

3. One hundred five females; 106 males. Total, 211.

4. Sixty-two dollars and ninety-one cents gross; salary, maintenance, etc.

5. Two years, 4 per cent.

6. Ten per cent.

7. Three hundred twenty acres; 250 under cultivation. Value of land, \$40,000.

8. Eight buildings; value \$225,000; total value of equipment, etc., \$100,000.

9. Receipts \$16,587.56; maintenance disbursements, \$53,587.18, all purposes.

10. Added 117 acres, put up two buildings and grounds improved.

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### THE PASSAVANT MEMORIAL HOMES FOR THE CARE OF EPILEPTICS.

ROCHESTER, PA.

REV. F. W. KOHLER, DIRECTOR.

1. No law that I can learn of.

2. We have not been able to pursue any line of effort for the education of patients. Seizures too frequent.

3. Forty-seven females; 24 males. Total, 71.
4. Per capita cost for last fiscal year, \$248.20. This includes everything except clothing in about 40 cases.
5. None.
6. None.
7. We rent 54 acres; nearly 30 are cultivated, the rest pasture and lawn.
8. Five buildings; 3 are comparatively new; value, \$60,000; 2 old buildings, \$8,000. Total, \$68,000. Also barn, pumphouse and reservoir.
9. Receipts, \$22,908.45; expense, \$23,140.29; deficit, \$231.84; maintenance, \$12,767.09; balance, \$10,141.36, new buildings and furnishings.
10. Built and occupied the new cottage for men.

## EMMAUS ASYLUMS FOR EPILEPTICS AND FEEBLE-MINDED.

MARTHASVILLE, MO.

REV. C. F. STURM.

2. With the exception of four, we have only adults, giving them a home for life time, if they like to stay. One of the four children we send to public school. The three others could not be educated, two of them cannot even talk. We have religious services every morning and evening and, in addition to them, on Sunday regular church services, besides Sunday school.
3. Thirty-two females; 45 males. Total, 77. This includes 36 epileptics and 41 feeble-minded.
4. One hundred eighteen dollars and fifty-three cents, everything included.
5. None.
6. None.
7. Four hundred fifty acres, mostly wooded hills; about 85 under cultivation. Value probably \$6,000.
8. Ten buildings. Value, \$38,000 to \$40,000. Equipment, \$2,000.
9. Pension fees, \$7,569.82; other receipts, \$2,295.65. Total, \$9,865.47. Total maintenance, \$9,859.93.
10. One of our epileptic patients had no seizure since October, 1912. Another had only one seizure since September, 1912.

## MISSOURI COLONY FOR THE FEEBLE-MINDED AND EPILEPTIC.

MARSHALL, MO.

R. P. C. WILSON, M.D.

1. No.
2. Grade work up to the fourth grade; some manual training.
3. Two hundred sixty-six females; 205 males. Total, 471.
4. Approximately \$15,000 per month. This includes everything that is necessary.
5. None.
6. None.
7. We have 290 acres; 90 acres under cultivation. Estimated value about \$125 per acre.
8. Fourteen buildings; total estimated value of properties belonging to the Colony, \$500,000, approximately.
9. From private patients, \$5,712.67; from other sources, \$830.37. The state legislature, in 1913, appropriated \$150,000 for the support of patients, this amount being for two years, 1913 and 1914.
10. During the incumbency of the present superintendent, viz: two months, the treatment administered has reduced the epileptic seizures about 50 per cent.

New institutions authorized in Illinois, Iowa, Michigan and Wisconsin. Total population May 1, 1914, 6,773; females, 3,069; males, 3,704. Acres owned, 9,370; acres under cultivation, 3,795; value of land, \$806,991.

Number of buildings, 390.

Estimated value of buildings, \$4,669,507.81.

Value of equipment, furniture, etc., \$803,748.67.

Total value of land, buildings, equipment, furniture, etc., \$6,280,247.48.

Two institutions did not report value of buildings.

Five institutions did not report value of equipment, furniture, etc.

## NEW PSYCHOPATHIC HOSPITAL FOR CHICAGO MARKS NEW ERA.\*

MODERN METHODS OF TREATMENT OF MENTAL CASES COORDINATED WITH SPECIAL ARCHITECTURE—CURATIVE MEASURES SUBSTITUTED FOR DRUGS AND RESTRAINT—ARCHAIC LAWS STILL BRAND MENTAL PATIENTS WITH STIGMA OF INSANITY.

[By Haim I. Davis, M.D., Superintendent.]

As late as 30 years ago the insane of Cook County Jail, where the facilities for taking care of them were naturally very meager. The first Cook County Detention Hospital was built about 27 years ago, with a bed capacity of 90. Besides insane, feeble-minded children were also taken care of there. It had very little semblance to a hospital—nothing in the way of a nurse, an intern, or a record, not even a medicine chest was to be found there.

The county physician, single-handed, had to take care of all these people. The only assistance he had was male and female attendants, who excelled in the great brutality with which they handled patients. It looked as if the idea of the middle ages that an insane person was in the hands of the unholy one still prevailed. The average physician had very little knowledge or acquaintance with this branch of medicine for the simple reason that the great majority of graduates of medical schools, especially in the West, hardly ever heard a lecture on the subject, and never had opportunity for clinical observation of mentally disturbed patients.

The present superintendent of this hospital first took charge of the institution about 10 years ago. He succeeded with the meager means at hand to improve the service in the direction of transforming it into something that could be called a hospital. Physical and drug restraint of all kinds had been in full swing. Attendants were handing out strong solutions of bromides and other drugs in doses and at times to suit themselves. The placing of the first trained nurse in the hospital caused almost a riot; it was considered an infringement on the rights of the attendants when they were asked to accept the orders of the physician through a nurse in charge.

Although the use of hydrotherapeutic measures for the allaying of restlessness in mentally disturbed patients was known for nearly a century, it was rediscovered, so to say, a little over 20 years ago, and the Cook County Detention Hospital was one of the very first institutions in the West to be equipped for all sorts of hydrotherapeutic measures, thus giving us an opportunity to cut down the use of drugs to a minimum. Drug restraint is very often worse than physical restraint.

With the increase in population, and with the better recognition of mental diseases by the average physician, who within the last few years has been getting some training in this line, the number of admissions to the Detention Hospital has increased with great rapidity, so that from 600 patients per year admitted to the Cook County Detention Hospital about 20 years ago, the number for the fiscal year from December 1, 1912, to December 1, 1913, was 2,477.

\*Reprinted from Modern Hospital. Paper read before meeting of Alienists and Necrologists, Chicago, July 15-18, 1914.





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Fig. 6. Cook County Psychopathic Hospital—First floor plan.

- |                             |                           |                                |                                |
|-----------------------------|---------------------------|--------------------------------|--------------------------------|
| 1. Kitchen wing             | 25. Judges' room.         | 25. Head nurse's office.       | 30. Receiving ward for men.    |
| 2. Linen room.              | 26. Court room.           | 26. Serving room.              | 32. Utility room.              |
| 3. Toilet.                  | 27. Witness room.         | 27. Entry bath for women.      | 33. Hydraulic room.            |
| 4. Examination room.        | 28. Private room.         | 28. Receiving nurse for women. | 34. Disturbed patients' wards. |
| 11. Doctors' coat room.     | 29. Directors' room.      | 29. Entry bath for men.        | 45. Public elevator.           |
| 12. Patients' waiting room. | 30. Social service room.  | 29. Receiving nurse for men.   | 46. Private elevator.          |
| 13. Out-patients' room.     | 31. General waiting room. | 30. Receiving ward for women.  | 50. Dumb waiter.               |
| 14. Jury room.              | 32. Patients' corridor.   |                                |                                |

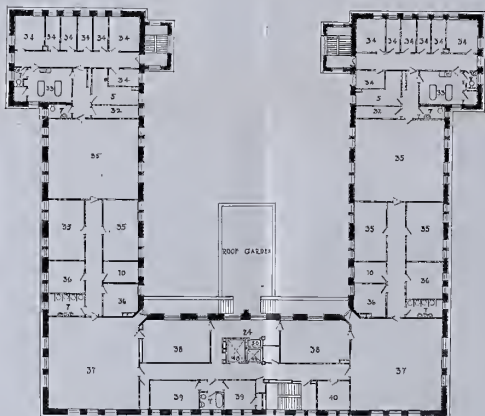


Fig. 7. Cook County Psychopathic Hospital—Typical floor plan.

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|----------------------------|--------------------------------|----------------------------|-----------------------|
| 5. Patients' clothes room. | 35. Utility room.              | 35. Private ward.          | 40. Visitors' room.   |
| 6. Toilet.                 | 36. Hydrostatic room.          | 36. Patients' dining room. | 45. Public elevator.  |
| 19. Examination room.      | 37. Disturbed patients' wards. | 37. Interns' bed room.     | 46. Private elevator. |
| 24. Serving room.          | 38. Ward.                      |                            | 50. Dumb waiter.      |

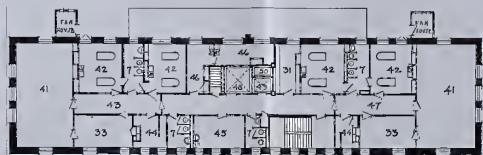
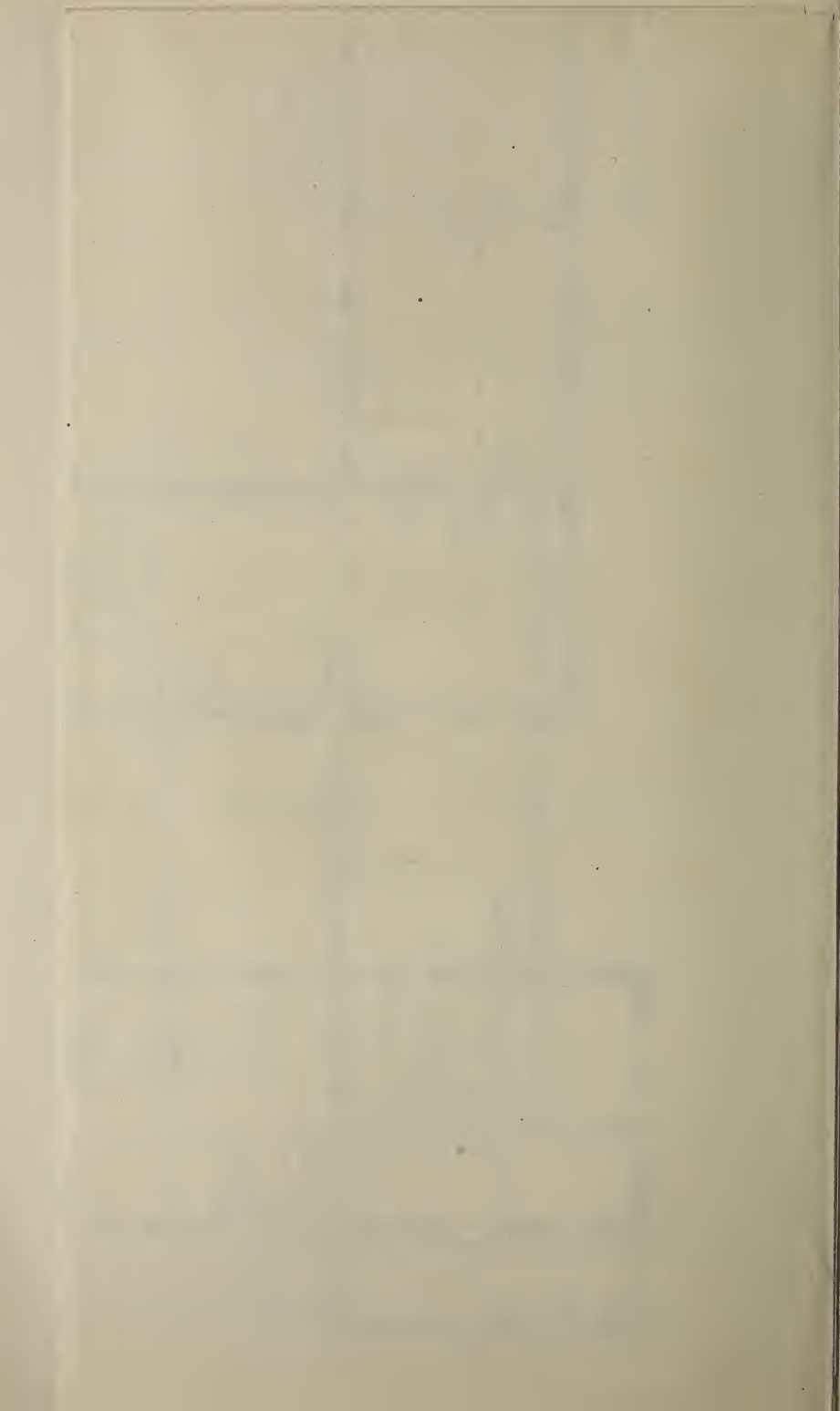


Fig. 8. Cook County Psychopathic Hospital—Hydrotherapeutic department on top floor.

- |                      |  |  |                       |
|----------------------|--|--|-----------------------|
| 7. Toilet.           | 42. Continuous bath.                     | 45. Surgical dressings.                | 45. Public elevator.  |
| 31. Main linen room. | 43. Women's hydrotherapeutic department. | 46. Laboratory.                        | 46. Private elevator. |
| 33. Hydraulic room.  | 44. Work room.                           | 47. Men's hydrotherapeutic department. | 50. Dumb waiter.      |





Always conscious that the facilities at the Detention Hospital, while greatly improved, were still very far from what was desired, and having become satisfied that the functions of such an institution must be greatly developed in many other directions outside of the actual care and treatment of so-called insane people, the idea of a psychopathic hospital took root and was developed, and at the present time we are occupying the new hospital.

Generally speaking, the functions of a psychopathic hospital are twofold:

1. The actual care of patients who have been unfortunate enough to break down mentally. A modern psychopathic hospital should be equipped to the extent of giving this class of patients the very best of scientific care and nursing, so as to facilitate the most rapid recovery where recovery is possible.

2. The more important function of ascertaining, by way of proper laboratory, psychological and pathological work, the underlying causes of abnormal mental states, and, once having ascertained such causes, to prevent by proper instruction of medical men and of the public the increase, and possibly even the development, of some forms of mental alienation.

This institution has properly been placed in close proximity to the large general Cook County Hospital, for the following reasons:



Fig. 3. Cook County Psychopathic Hospital—Reception hall and social service department.

1. Many of the admissions to the Cook County Hospital show mental abnormalities when admitted to the hospital, or develop such abnormalities after admission; their transfer to the Psychopathic Hospital is thus facilitated. One hundred and eighty such transfers were made from December 1, 1912, to December 1, 1913.

2. It relieves us of the necessity of establishing separate surgical and obstetrical wards, as we can easily have patients in need of such treatment temporarily transferred to the general hospital.

3. The introduction of the psychiatrist into the general hospital is filled with the greatest possibilities for medicine, says Dr. W. A. White.

4. There are continually found in every general hospital different forms of deliria, different forms of neuroses of the gastrointestinal tract, abnormal reactions accompanying puerperium and lactation, which can be best taken care of in the new Psychopathic Hospital.

At the present time there are in existence in this country the Phipps Psychopathic Hospital in Baltimore; the Boston Psychopathic Hospital; the State Psychopathic Hospital at Ann Arbor, Mich.; and the Psychopathic Ward at the Bellevue Hospital, in New York.

This new Psychopathic Hospital has a frontage of 160 feet on Wood Street and 156 feet on Polk Street. The building is five stories in height

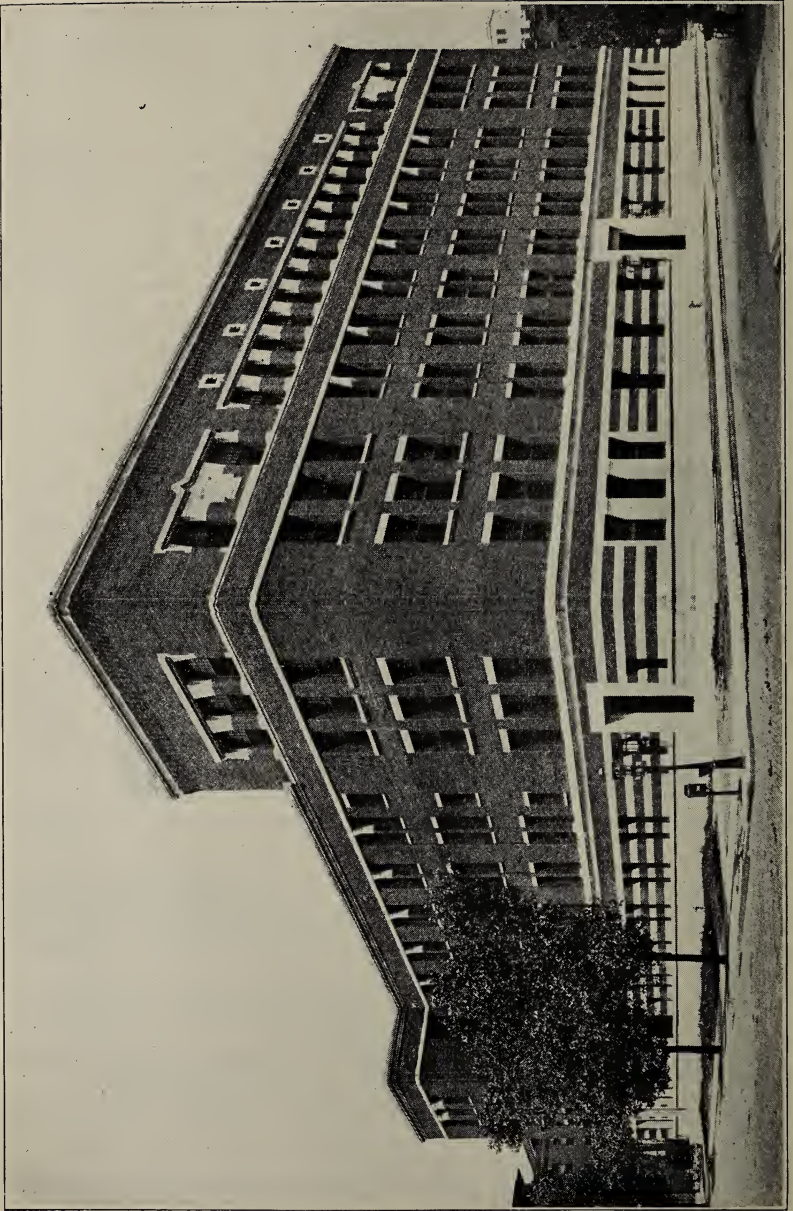


Fig. 1. Cook County Psychopathic Hospital—Front and side view.



on Wood Street and four stories on the side wings. It has a bed capacity of 230. The building is reinforced concrete, tile and fireproof construction, with drawn steel door and window trim, and steel furniture. The floors of corridors, bathrooms, kitchens, and other service rooms are of artificial marble tile. The floors of all wards and offices are of imported battleship linoleum, solidly cemented to the concrete floors. The building is equipped with two passenger elevators, one of them of the push-button type. Many of the rooms are ventilated by exhaust ventilating fans, but the majority of the rooms and wards have such excellent natural ventilation that a mechanical system is unnecessary. Richard E. Schmidt, County Architect, of the firm of Richard E. Schmidt, Garden & Martin, was the architect for this building.

The building, completely equipped and furnished, cost approximately \$470,000, which makes the cost per bed \$2,100, which is very low for a fireproof building throughout that contains such complete equipment for the treatment of this class of patients.

The first floor contains the administration office, rooms for social service workers and investigators, out-patient department, court room, male and female receiving wards, and head nurse's room.

Each of the north and south wings of the remaining three floors represents a unit, consisting of rooms with single beds, two beds, and three beds,



Fig. 4. Cook County Psychopathic Hospital—Out-patient department, examining rooms and pharmacy.

and a small ward (capacity, 12 beds), nurses' service room, dining-room, examining room, room for visitors, and six single rooms for disturbed patients located at the end of the wing, and separated from the rest of the unit by a corridor. The wings of the fourth floor differ in that the general wards are larger, having bed capacity of 18 beds in each ward.

The fifth floor is given to hydrotherapeutic apparatus, consisting of batteries of continuous tubs, showers, sprays, sitz baths, tables for massage and packs, electric cabinets, and restrooms. These restrooms are equipped with small ice boxes for holding cooled water, milk, or other beverages that may be offered to the patients. These restrooms are for the use of the patients who are receiving hydrotherapeutic treatment. On the fifth floor is also our laboratory, with its modern equipment, and surgical dressing-rooms. The placing of the main part of our hydrotherapeutic apparatus on the fifth floor I consider of great advantage—sunlight and air are thus available.

Each wing is provided with continuous baths in close proximity to the single rooms set aside for disturbed patients, thereby facilitating the treatment of such patients. Each wing is also provided with a very large dayroom, which connects with inclosed porches that extend the whole width of the main building.

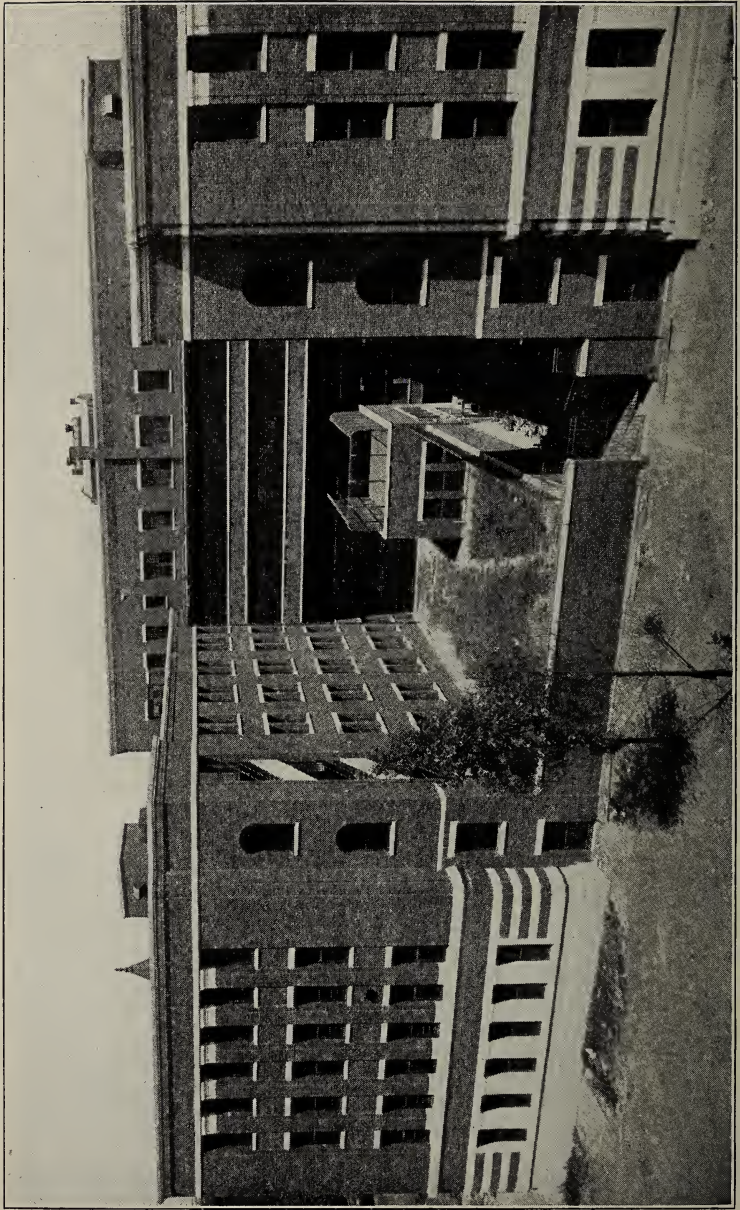


Fig. 2. Cook County Psychopathic Hospital—Outside stairs and screened porches.



The out-patient department has a separate entrance on Polk Street. It is our desire that the doors of this department shall be wide open, so that everyone who feels in need of such treatment will have a right to come here for our services.

Of the 2,477 admissions to the hospital during the last year, many were paroled from the various State institutions. Overcrowded conditions at the State hospitals very often compel their superintendents to parole or discharge patients before they are really capable of taking care of themselves. The result is that, after spending only a short time at home, they are promptly returned to us. This proposed out-patient department should take care of this class of patients, and assist them in every way possible, by having actual supervision over them.

Facilities have been provided for teaching purposes, and a large room, used as a waiting-room for witnesses on court days, with its special entrance, lends itself admirably for clinical purposes. Bedside observation of patients for small groups of students is also intended.

The social service department has been a feature of the old Cook County Detention Hospital, and it is intended to extend its influence. We now have the services of five nurses of the Illinois Society of Mental Hygiene, which is a branch of the National Association of Mental Hygiene,



Fig. 5. Cook County Psychopathic Hospital—Court room.

whose object it is to advocate measures for the proper study of the causative factors of mental alienation, the proper treatment of insane, and their after-care when they are released from the various State institutions. This society has done a great deal of good in awakening the public conscience to the enormity and gravity of this problem in our social life. The five nurses investigate all cases admitted to the hospital.

A word as to our laws regarding the commitment of so-called insane. While the need of a special institution such as we have now established is obvious, it is feared that it will not exercise its greatest usefulness unless conditions regulating the admission of patients to the hospital are changed. It should be possible for persons suffering from so-called insanity and conditions classed as border-line cases to enter the hospital without any legal procedure.

According to our laws, an order from the county judge committing the patient to this institution must be procured before the patient can be admitted. The law also provides that the cases must be disposed of within 10 days after admission. An attempt has been made during the last session of the Legislature to extend the limit to forty days, but so far we have not been successful. The entire question of legal technicalities surrounding the admission of patients to our hospital is far from satisfactory, and all of our institutions will be handicapped from doing the greatest good to



the people of our State until it becomes possible for patients to avail themselves of treatment with no more embarrassment than now attends the admission of patients to any general hospital.

Everything that we can possibly do to prevent the stigma of insanity being attached to our patients will redound to the good of our institutions. Until a short while ago the great majority of our patients were brought to our institution virtually as prisoners in the hands of the police. As far as our women patients are concerned, this has been discontinued entirely. When properly notified, the hospital sends out an automobile in care of a nurse to bring such female patients to the hospital. Since this measure became operative we do not receive as many excited and disturbed women patients, and handcuffs and straps are not seen as often as in the past. This has had a most beneficial effect on the patients. About 40 women patients are brought to the hospital this way every month. Quite a few of the women patients are brought in by their relatives, so that it is a rare sight now to see a woman brought to the hospital in a patrol wagon.

Steps have been taken to enlarge the staff, and it is our intention to secure the services of an expert pathologist and psychologist.

The institution, as it is now conducted and has been for years past, is a free institution, but there seems to be no valid reason why relatives of patients maintained by Cook County, if they are financially able to do so, should not pay for the maintenance of such patients while they are in this hospital. The drawback to such arrangement is that, according to our present laws, the county has no right to conduct anything but a free institution.

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### SPRING AT THE POORHOUSE.

[The author of this little sketch has selected the poorhouse—the county home—as the local of a series of stories. We imagine the possibilities for good that are at this writers command. Who in recent years, at least, has thought of the poorhouse as the house of romance, yet there are no places among the habitations of men so full of that color which gives life and tone to a story, as the county home, the childrens' asylums and the State hospitals for the insane. There is stored a wealth of fact and truth compared with which fiction is pigmy. Has a story or sketch, such as the following, a social and economic value? We believe it has. Does it not throw a new light on the poorhouse life? Is not the poorhouse a place upon which a sympathetic light should be turned? We can not arouse public interest in this neglected spot and its dejected inmates through the conventional and ordinary means. Perhaps sketches and stories, written by a hand that conveys messages from the heart may accomplish what years of criticism, attack and denunciation have failed to do.—EDITOR.]

(By William La Favor.)

Spring comes to the poorhouse. There is no reason why she should. No one pays her a fee. No glad hearts tryst her here, and yet, in our own way, we manage to keep faith with her.

The homely smell of the good brown earth in the plowed fields; the silver sheen of the April shower; the greening of the patient grass; the furtive call of leaf-hidden birds; the benison of the warm breeze; the broad splashes of yellow where dandelions, in the riotous gladness of neglect, proclaim the right to life and liberty—these all are witnesses to the generous heart of spring, even on the poorhouse farm.

The goodly fellowship of songbirds choir here, too, their morning hymn. Our ragged old lilac bush swings out a pale lavender plume or two laden with oriental richness of perfume.

Across the fields, blue pennons of smoke from sociable bonfires trail across to us. The farmers are burning up last year's rubbish. The reek comes to us on the breeze and our eyes smart with the tang.

Crippled Charlie leans up along the back steps, resting on his elbows. His crutch and cane lie alongside his twisted, mishappen limb. From his lean arms his flabby hands hang dejectedly. His bulging eyes and wry mouth and drooping head would discourage any goddess less resolute than spring.

Annie Evans comes to hang out the wash. No one could think her pretty, and yet not one could resist the appeal of her plaintive voice and wistful eyes. Sometimes her face writhens, and Annie falls to the floor. Anyone near enough twists a knot of her gingham apron and presses it between her teeth, and they leave her to "come to."

Today the spring wind ruffles the pale, brown hair across her forehead and tints the white cheeks with faint rosy bloom.

Crippled Charlie catches her eye, and shifting his weight onto one elbow he waves his free hand to Annie and, crimsoning with pleasure, she waves back to him. Her thin lips part in a smile.

"Flirting with the girls, this morning, are you Charlie?"

The brusque voice of the county doctor accuses.

"It's all right, Doctor. We are engaged."

"What's that? We don't allow marriage here."

The doctor really supposes he has found something to report.

"I didn't say nothin' about merridge. Annie's the girl I would have merried if I—if she—if we was like other folks. I know the rules of the poorhouse, and the laws of the township, and I hain't no notion of gettin' merried, and no more has Annie. But I reckon I kin look at her, can't I, and not break no law? An' if I can't, I'll look anyhow! There ain't no law again' lovin', nohow, is there? An' all the laws of the whole endurin' township can't keep our one drop o' gladness from us!"

Oh, yes, spring comes, even to the poorhouse.

It has no real business to come there, but it comes.

## MEDICOPSYCHOLOGICAL WORK IN COURTS.\*

(By William Healy, M.D., Director of the Psychopathic Institute of the Juvenile Court, Chicago, Ill.)

Medicopsychological work in courts is founded on the common sense necessity for accurate diagnosis and prognosis, preceding rational treatment. Now the prescribing of treatment, social treatment, is just exactly the business of courts which deal with offenders. A thoughtful jurist who came to observe and study said to us several years ago, after we had collected the earlier data which formed the first work of the Psychopathic Institute of the Juvenile Court, "I see the point: I am a therapist. Yet I am working in a blind way without diagnosis." He went back to Seattle, quickly established in his court a definite department of diagnosis, made a physician his chief probation officer, and insisted that all cases which came before him should be accompanied by such medical, psychological and social data that he might have a chance to adjudicate the case properly. Judge Frater thus discerned the essential fact that advancement in court work must be along the lines that have characterized all scientific achievement, namely, the study of causations. In medicine this is called etiology and diagnosis.

Since then there has been a great awakening on this subject and a number of courts in this country have fallen in line. It should be thoroughly appreciated that the newer development of court procedure with offenders involves not only prescribing social treatment, but also the definite carrying out of therapeutic measures. The probation system is the most widespread evidence of this fact. The best illustration, probably anywhere, of the modern therapeutic endeavor of the court is to be seen in the remarkable organization of the justly celebrated Juvenile Court of Chicago. Judge Pinckney, with wise appreciation of the valuable service which science can offer to the law, has been steadily developing the practical idea of really understanding and properly treating individual delinquents.

Now, although we all know the greater importance of bending the twig than of trying to shape the already inclined tree, let no one suppose these considerations of diagnosis and therapy have nothing to do with

\*Reprinted by courtesy of the Illinois State Medical Journal. Address delivered before Alienists and Neurologists at Chicago, July 13-18, 1914.

courts for adult offenders. Medicopsychological work, properly carried out, has far more fundamental values for society than mere consideration of the legally cherished, but often insoluble problem of responsibility. There are very many constructive measures which may be carried out.

This brings us at once to a vital phase of this whole question of the application of scientific effort in court procedure. Here we have the chance to get eminently practical efficiency studies of the measures ordinarily carried out under the law. Nowadays it is not anarchists who are questioning legal values in dealing with offenders but it is some of the most experienced jurists themselves—none more forcefully concrete in their statements than Justice Rhodes, of England, who wrote in the *British Medical Journal* asking what it could mean that of 180,000 convictions in a given year over 10,000 had been convicted upwards of 20 times before. It is an extremely remarkable fact that one may look in vain for studies emanating from any court or any jurist concerning the data of success or failure of measures carried out. Years of following up cases are of course, necessary, but nothing can be worth any more in the light of the vast expense which criminality is to society, causing an expenditure of from two to four million dollars a day in this country. Now, no studies of outcome can be valuable which are not based upon earlier diagnosis and prognosis—upon the essential predictabilities of the case. Did this given individual have such mental or physical qualifications that he could be expected to succeed under probation or parole; or could it be thought that he would be affected for the good and society ultimately benefited by his incarceration?

There can be no doubt that a considerable portion of offenders will always have to be dealt with by way of retribution and with the idea of the deterrent effect upon others in mind. But even there the diagnosis of capabilities and knowledge of the 'promise of the future should in all common sense be the keynote of handling the individual during incarceration. This should be done that society itself may not be the ultimate sufferer when the individual returns to it.

The actual basis of psychological work in connection with offenders lies in the fundamental fact that conduct is the direct result of mental life. Misconduct may sometimes imply aberrational mental life or primary mental defect, but there are a thousand and one influences, environmental or directly physical, which may give the impulse towards delinquency.

There has been a tendency all along in the history of criminology to promulgate some given theory in explanation of crime in general. Often such a dictum has been based upon special observations made in this or that country and under this or that special situation. The result has been astounding statements concerning the relationship of various physical and mental conditions to crime. The medicopsychologist in court work who pursues the methods of the psychiatrist and studies the cases by longitudinal as well as cross-section methods, comes to see the vast intricacies of causation. No part of it is simple. It practically always requires the effect of environmental influences to create a criminal out of even a mental defective. Those who will undertake studies of the offenders in the open, as Dévon says all offenders should be studied, and get the background of their family circumstances and their developmental history, their heredity, their early habits and so on, will come to realize, as we have realized after our years of careful investigation, that:

1. Scientific study of criminals which includes their mental traits is altogether a newborn science. Time shows that large general statements usually have to be greatly modified in this field as elsewhere.

2. The complexities of the human mind are so great that predicabilities are not safely made upon the basis of half hour studies of the individual. One comes to know many cases which demonstrate the unreliability of predictabilities made according to any large categories.

3. Short cross-section studies, then, are not enough in the vast majority of cases to answer the problems which the courts need answered.

4. A significant class of delinquent is the mental defectives, but even among them are great individual differences in regard to capabilities. Those who grade on the same age level according to the newer methods of measurement may be adaptable to widely varying conditions. A larger variety of



tests will bring out these differences. After one has witnessed such cases as that of a feeble-minded burglar with great manual dexterity, who has had a long career, succeed as an honest man in country life where he could use his special talents, one becomes less sure about many dicta.

5. Because a great share of those who are caught are mental defectives is no sign that anything like the majority of crimes are committed by the feeble-minded. The bright offender, we find, may have 50 crimes to his record before he is captured, where the moron, on account of his lesser astuteness, is easily recognized and apprehended after perhaps a single offense.

6. If the causative factors are fair-mindedly studied out, one finds vast sources of the trouble in parental life, or in other surrounding conditions. Among the parents of 1,000 cases of young repeated offenders carefully studied, 31 per cent were found to have at least one parent more than a moderate user of intoxicating drinks. Immorality, quarreling, poverty, broken-up families in 67 per cent of the cases were factors. The lack of healthy mental interests was an astonishingly large source of trouble, as was also bad companions.

7. In this 1,000 cases 7 per cent were epileptic, and in 53 other cases, where the offender was not epileptic, another member of the immediate family was subject to convulsions. Seven per cent had some form of psychosis. About 15 per cent were feeble-minded. About 65 per cent, however, had nothing discernible the matter as mental defect or aberration.

8. Pyhsical conditions causing irritations and disabilities which tended toward delinquency by influencing the mind in this or that direction were contributing factors in at least one-third of the cases. Sensory defects occupied an important place in this group. Premature development, among girls especially, is a direct source of moral beekdown.

9. The factors in the individual case are most frequently not at all brought out in courts where adults are tried. The disposition of the individual is most often made without any deep consideration of the needs of the offender or of society.

10. Coöperation between courts and other public institutions is astonishingly small. What was known to the individual in other cities, or in a given institution, or even in another court in the same city, is rarely brought forward in the case. Indeed, in most courts there is no attempt to make or preserve a record of the case in any such way as might lead to better understanding of him in the future.

11. The difficulties of knowing the efficiency of this or that given type of procedure under the law becomes from all the above circumstances very difficult without the introduction of some scientific method. It is time that such was begun by courts everywhere.

The medicopsychologist must take the ground of studying the whole individual and the causative factors of his career. Here is John Doe under arrest. One must find (1) that he has such-and-such physical characteristics including both his special abilities as well as disabilities, and (2) such-and-such mental qualifications, disabilities, aberrational tendencies and general traits; (3) he has committed such-and-such types of delinquent acts; (4) in the background there are such-and-such conditions of heredity, physical development, traumatism, early teachings of immoral conduct, bad personal habits, lack of educational opportunities, and so on; (5) then in the light of the offender's being what he is physically and mentally, and having this given background, on the basis of easily knowable predictabilities, something like a justifiable prognosis can be offered if such-and-such treatment is afforded under whatever environment may be available.

Such are the possibilities of medicopsychological work in courts. The whole study is to be directly aimed at predictabilities, just such as the court should wish to know, and conclusion cannot fairly be reached without knowledge of a great many of the various capabilities of the offender and of whence arose the tendency to delinquency.

If judgments of courts are to be ruled by reason, then the science which explains tendencies and actions will play a large part in rendering more efficient the whole legal and penal procedure.

With development of these better understandings many remedial agencies have been set at work. In the Detention Home the wards of the court profit by the daily attentions of a physician, dentist, a corps of teachers, an instructor in physical training and resident nurse. The court sends to the best specialists all cases of defective vision and the many other ailments which need attention. It obtains country life for many of those who need it. It runs a definite employment agency which endeavors to place the individual at work for which he is specially fitted. It aims to place in proper institutions those who are afflicted. Above all, it endeavors to coöperate with relatives and awaken them to the needs of their own kin. So it has come about that in the sessions of this court one may hear considered the correlations between defective vision and failure in school or in employment, which of course, leads directly to delinquency. One may hear discussed the relationship of epilepsy to moral unreliability, of the effects of various debilitating habits upon producing mental instability or lethargy, or the connection between mental defect and criminality. All these, and many other things, should be considered by officers of a court, as well as the more obvious effects of bad companionship, lack of parental control and other weaknesses in environmental conditions.

Judge Pinckney writes little and talks little, but works incessantly towards the end of rendering solid constructive service to both the State and the individual by looking after anything which may be logically considered to be a source of the tendency towards offense. I may quote a few words from his last report: "The responsibility of the judge is grave enough when all that investigation, experience and science can tell of the physical, mental, moral and spiritual side of the delinquent is made known to him. Nothing short of a complete understanding of the actual facts in each case in so far as it is possible to know them will satisfy the conscientious judge."

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## WHAT ARE THE INDICATIONS FOR RESTRAINT?

(By H. J. Gahagan, M. D., Superintendent Elgin State Hospital.)

My subject is one which can be introduced with the usual graphic description of the efforts of Pinel and of other illustrious pioneers in the work of converting madhouses into hospitals; but as that story has been so often told I take for granted that you have already heard of their experiences and will endeavor to recite to you some personal observations of twenty years ago and of today. I will confine myself to the questions of "Indications for Restraint," but will treat the subject from its various angles.

In June, 1893, I was appointed a member of the Medical Staff of the Elgin State Hospital, and in my first rounds of the wards was astonished to witness the apparently very quiet and undisturbed patients restrained by a variety of means, each more repulsive than the other. Restraint apparatus was supplied for the wards to be used by the attendants when in their judgment the occasion required, Katatonics in fixed rigid postures, mute but appealing, strapped to heavy wooden benches or laden with strong leather muffs. The covered crib and straps claimed the victim of acute mental diseases. While in the side rooms, under lock and key, were placed the poor unfortunates whose only offenses were that of being troublesome.

Dr. Arthur Loewy, now of Oak Park, had just been appointed superintendent and to him I protested. He stated that he was opposed to those inhuman methods and proposed to have them stopped and advised me to remove every vestige of restraint possible. Twenty-five were released from the torture of their bodily movements and all doors to side rooms unlocked. Much to the surprise of the attendants no riot ensued nor was there an unruly mob. I was appealed to by the attendants to be careful lest I be harmed but I was not threatened; in fact, during my four years in the service I was not struck by a patient.

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\*Read before Alienists and Neurologists at Chicago, July 13-18, 1914.

Dr. Loewy was so much pleased by the results that in a very short time there was inaugurated a complete revolution for the greater freedom of the insane. All doors to dormitories and side rooms were left open at night. This in addition to the continued removal of restraint and more frequent parole of the grounds was largely responsible for the marvelous recovery rate of 52 per cent of those discharged during the biennial period of 1894 to 1896. The custom up to this period of locking patients, produced most revolting sanitary conditions, and I assure you the odors emanating were vile. These toilets were removed, allowing the inmates to use the general toilets of the wards.

Much good has been done in the State institutions to promote the endeavors of those who were in the primitive work of 20 years ago. Through the kindly efforts of such humanitarians as Dr. George A. Zeller, at present alienist of the Board of Administration, and for many years superintendent of Peoria State Hospital, restraint in the hospitals for the insane in Illinois has been abolished to a great extent. Dr. Zeller decries anything that savors restraint; his illustrations of the folly of such procedure and his epigrams in denunciations of the system are well known.

I have endeavored as superintendent of the Elgin State Hospital, since my appointment March 1 of the present year, to promote greater liberty of the patient. At present there are 325 out of a total of 1,780 inmates enjoying parole on the grounds. With the females I have generally adopted the group method, each giving their word of honor to obey the rules and not to separate from the group. This worked out very satisfactory and gives no trouble.

Impress upon the insane individual that he can have the liberty that he enjoys at his home, encourage that state of mind by promptly complying with his desire for individual parole and it relieves him of that fear and apprehension that he is doomed to imprisonment. The most surprising feature of the granting of parole is the less frequent escape. It is the same old story which applies to every-day life to restrain a person from that which he most desires increases within him a greater tendency to gain it.

From March 1 to July 1, 18 escapes from the Elgin State Hospital occurred, not one occurred under parole conditions; in fact a great many of those who were returned I have placed on parole instead of resorting to the old method of more close observation and confinement.

The paranoiac is a type that causes much trouble with his grumbling and fault finding but, assured increased liberty and parole, seldom will he break his word and attempt to escape.

My experience of twenty years ago and of the present in the care of the insane is that the closer you get to the patient, the more you take him into your confidence, the greater success you will have in the ultimate result of removing his doubts.

There has been an onward march in many ways to procure greater liberty for the insane; there is still room for the more liberal application of sympathy and gentleness. These methods can be carried out successfully if the attendant can be sufficiently impressed with the importance of his relations to the patient. Unfortunately the salary paid is not sufficient to attract an effective grade of help so that efforts in this line are handicapped. Without any reflection upon the present character of the help supplied by the Civil Service Board, my personal opinion is that it cannot be compared with efficiency gained 20 years ago, when the superintendent was permitted to be the sole judge of those who care for the patient. The restrictions in this respect have been removed by the present Civil Service Commission, in an order lately promulgated, which permits the superintendent to employ the attendant, subject to the removal of the board. This measure will ultimately assist the superintendent to a great extent in surrounding himself with a class of young men and women who will take up the training school course.

As to the indications for restraint one should resort to every means at hand before using any form. He should seriously consider the individual and not the reason, and finally should order that the kind of restraint to be used should be removed in a few hours. Too often the restraint used for a



longer period than is necessary does not attain its fullest measure as it would if removed more quickly. The problem of what to use with the least irritation and to give greater comfort when under restraint is imperative. Mechanical restraint is used at the Elgin State Hospital as a rule only in cases of self mutilation or a surgical measure in fractures, etc. During violent spells we have had splendid results in giving patients employment on the outside such as running a lawn mower or allowing the freedom of the grounds under close observation. I have in mind several violent maniacs, whose periods of disturbances were treated in this manner and who were eventually discharged as cured.

July 4, during a celebration on the grounds of the hospital, all of the inmates who were not bed patients were taken to enjoy the festivities, all were counted into the wards in the evening and there was no act of violence and but two attempts to escape.

The rules and regulations to govern or to abolish restraint are unsatisfactory as each physician will interpret and quibble to avoid statistical publicity. Shall we allow the patients to tear off clothing? Remove surgical appliances? And mutilate themselves all to the patients danger? Shall we apply restraint? Or shall we sidestep the situation by ordering prolonged packs and call it hydrotherapy? Or by using stupifying drugs and call it medical treatment, when there is no physiological indication for either?—only a restraint intention. Shall we be honest and restrain them in a human way? In an exceptionally violent case where all our means fail, shall we order all our force to sit and hold this patient and let the other hundred suffer when such control only bruises the patient, increases frenzy or tries the temper of the employees? The recovering patients who have gone through the experience will thank you. Restraint is indicated in the usual case which does not fit in the grooves we have made for the treatment of the ordinary case.

Indications for the use of restraint may to a great extent disappear as the questions of salary, hours, intelligence and requirements are adjusted; much depends upon the well trained nurse, trained along practical lines, which includes the intelligent and individual care of the insane. Too often the teacher dwells for hours intending to impart the knowledge by reason of an insufficient primary education and thus good time is lost which could be improved by teaching them the practical problems of care, sympathy, and devotion to duty. There is no question but that restraint was abused in our institutions, many other things too were abused.

The tendency always in medicine is toward improvement. This improvement is the result of research both by individuals and organizations. The methods of treatment of years past are looked upon as crude today; so will our present methods be looked upon in the future. Keys to heretofore mysteries are slowly being found. Hence, in the institution the care of the mentally afflicted is a matter of evolution; undesirable things are put away as they are found undesirable and a better method found to control the situation. Restraint is not a new problem; like all problems it has been advanced and slid backwards, but always with gain in the end. The question will eventually solve itself. The lime-light of any recent publicity does not alter the situation. The tendency to solve the question at one shake is wrong and needs control for fear the pendulum will swing too far.

750 South State Street.

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#### \*CHRONIC ALCOHOLISM.

(By Charles F. Read, M. D., Assistant Superintendent Chicago State Hospital.)

On May 21 of this year the patient R. L. T. was admitted to the Chicago State Hospital. He is a man 38 years old, married, but with no children, a stage carpenter by occupation. His father was a moderate drinker but lived to be 72. Patient had practically no schooling, playing truant most of

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\*Read before Alienists and Neurologists at Chicago July 13-17, 1914.

the time but learned to read and write shortly before marriage. He began to drink at 18 and was first really drunk at 21. Married at 21 and abstained for some time during two following years. Later he began to work as a teamster hauling whiskey and drank freely but lost no time on this account. He then began work as a stage carpenter and during the last 10 years has been a hard drinker, often intoxicated. In 1912 he suffered delirium tremens and went to the Washingtonian Home, following which he abstained for two or three months, but after this was drunk once or twice a week. March, 1913, he again had delirium tremens and was sent to the Bridewell on account of an attempt at suicide. Following this experience he again abstained for two months, but in November began drinking hard again. In May of this year he again suffered an attack of apprehensive hallucinosis and cut his throat. He was taken to the Bridewell, remained there about two weeks and was sent to the Detention Hospital whence he was committed to the State Hospital.

When received he seemed to be clear and gave no evidence of a psychosis. His case was classified as alcoholic hallucinosis but his diagnosis was a retrospective one. In the State Hospital the man has been perfectly sane. He shows no physical findings save sluggish abdominal reflexes, marked dermatographia and hyperaesthetic calf muscles (often has cramping). He is over-weight, but his blood pressure is only 140 and his heart arteries, liver and kidneys seem to be in good condition.

However, there is no doubt but that he is a chronic alcoholic with acquired susceptibility that renders him liable at any time upon alcoholic indulgence to become a menace to himself and his fellows. Fortunately, he never seems to harbor the ordinary alcoholic ideas of infidelity and is given to defensive rather than to offensive lines of action. Thus far his hand has been turned against himself alone.

There is nothing particularly extraordinary in this man's case. Our police magistrates hear somewhat similar stories every day. The interest for the right lies in the fact that now, less than a month after the patients admission we have been compelled to parole him. He will abstain a few months, perhaps beyond the period of his parole and then he may in his toxic indignation, turn first upon his wife and kill her before he puts an end to himself. He is sane now and our State institutions are over-crowded, so back the man must go to his old job, his old associates and his old habit.\*

Jas. McK. was returned at the Chicago State Hospital the other day, after his arrest following a two weeks' debauch subsequent to his escape while enjoying parole of the grounds. Prior to this admission to the institution he had twice been at Kankakee during the last year and a half, and between times in the County Hospital on account of drinking. McK.'s father did not drink nor his mother nor any of his brothers or sisters. He had had a good grammar school education and a year in business college. For two years he earned \$15 per week in an office. At 18 he began to drink quite hard, was now and then drunk on Saturday and Sunday, but worked quite steadily until 25 years old, when he procured a political job where the work was light and the time and opportunities for drink abundant. At 30, after five years in various city offices, the patient went to the Bridewell for four days. Later (patient is not exact in dates) he jumped out of a window of the Washingtonian Home and broke a leg for which he was sent to the County Hospital for several weeks. In all he has been in the Washingtonian Home about 10 times and for three years has done scarcely any regular work. Two years ago he again spent a term in Bridewell. At times he has worked as extra man at the stock-yards earning \$5 one day and drinking it up the next. While drinking he is said to become very noisy, excited and even pugnacious.

Physically the man is apparently in good condition. According to ordinary mental tests he is as good as he ever was. He does clerical work daily in one of the institution offices and is very quiet and gentlemanly in personal appearance. He has gone the customary rounds—Bridewell, Washingtonian Home, County Hospital, Insane Hospital. In this last institution he does not really belong, but what shall be done with him? Evidently

\*Subsequent to the above and true to my prediction the man returned with alcoholic hallucinosis one month after being paroled.—C. F. R.

he can't be trusted to take care of himself, so at present the State Hospital must play nurse-maid to a man who in the last 15 to 18 years has lost what habits of sustained, independent endeavor he ever possessed and in this place has developed a mode of reaction outwardly expressed in alcoholic intoxication.

Incidentally this patient well illustrates the disadvantages of a hospital located across the street from three or four saloons and beer parks. The State law fixes the nearest approach of a saloon to a Soldiers' and Sailors' Home at 2,000 feet, and to the State University at four miles—but thus far it has failed to protect the institutions in which hundreds of alcoholics are treated yearly.

This man still passes an excellent mental examination and his physical condition is good. A life insurance company not knowing his history would probably accept him as a good risk. One of the best known of these companies is said to have lost 1,520 risks by alcoholic deaths in two years, which at an average policy of \$1,000 means a loss of \$1,520,000 to the other policy holders who must pay premiums based upon statistics including such alcoholic deaths. In place of earning from \$75 to \$100 per month for the last 10 years as he well might have done, this man has, while working, barely supported himself and much of the time has been a burden upon his family and the State.

By a member of Kraepelin's clinic at Munich 42 cases of chronic alcoholism were investigated with a view to establishing the exact cost of their incapacity and the results summarized as follows:

Loss due to loss of employment .....	\$15,000 00
Loss due to sickness .....	5,000 00
Loss due to imprisonment of 33 .....	5,000 00

In all, over \$1,400 for each of the 42 on the debit side of the ledger as against the many thousands which should have resulted from their productive labors.

Such men as these are recognized by the laity, as well as by the profession, to be in a class apart from the normal and yet not insane, save when suffering from an overdose of alcohol as evidenced in pathological intoxication, delirium tremens, hallucinosis, etc. They are chronic alcoholics or inebriates.

And what do we mean by inebriety? Broadly speaking an incapacitation due secondarily to chronic poisoning, but primarily due to the individuals having drifted into slipshod ways of meeting the exigencies of life. Individual conduct at any one moment is the expression of one out of many possible reactions. It is generally accepted that there are but two primary trends of human interest, procreation and self-preservation, out of which instincts arise, countless modifications, denoting by their character the degree to which the individual's reactions have separated themselves from their primeval simplicity. Dominant modes of reaction we loosely term motives or ideals. Thus we have individuals expressing in their lives the desire to be of service, to gain knowledge, wealth, etc., and upon the other hand we find tendencies to shirk responsibility, the desire to evade issues and to slip through life without effort.

The alcoholic's appeal to drink is without doubt a primitive form of reaction closely allied to that of the sensitive child who runs constantly to it's mother to be comforted and reassured. The alcoholic longs to be patted on the back and told that he is really a fine fellow, badly treated by an unappreciative world. Rather than meet the demands of life squarely he slips to one side and comes up smiling with the aid of alcohol. When he becomes sober the inner censor casts more or less scorn upon such evasions of the issue and this criticism is quieted only by the application of still more alcohol. Alcohol by it's toxic action enables the weak man to justify himself and even to glory in his wisdom and strength. It is a mighty lever raising him in his own estimation to a plane above that of most of his fellows. It is not difficult to think of the inebriate as childish, but is quite the custom to look upon this as a result rather than as a cause. This error results from a failure to separate the two components of a vicious circle, the one a low grade mental reaction the result of personal make-up, the other the expres-



sion of this in a physical reaction—alcoholism—which reaction in turn produces changes in the body that result in an increased tendency toward low grade adaptation.

By this it is not meant that all those who become inebriate are necessarily low grade in the scale of mental development. Mentality as commonly understood has not a great deal to do with the matter. As every one knows, the possessors of some of the brightest minds have gradually descended to the level of the chronic alcohol. By what a man does and not by what he says is he judged. It is rather a question of what we often speak of as moral fibre—the faculty of selecting modes of reaction which will be of the greatest service to the individual in the long run. This selective ability does not depend upon so-called intellectuality. Successful adaptation often occurs in the plodding dullard and as often quite fails in the educated man of apparently high ideals.

The life history of a great majority of chronic alcoholics show that they began to drink when boys of from 15 to 20 and that they began to go to pieces around 20; but occasionally we come across men who have done well up to 30 or over and then have disintegrated following some period of unusual stress. In these cases the personal mode of adaptation has been sufficient for the requirements of a well-ordered existence but not highly enough developed to take care of the organism when an extraordinary difficulty presents itself. Roughly we may compare it to the ability of a man who does well enough in a shooting gallery but fails when called upon to defend his life against the attacks of a savage beast in the open field.

Given a man with a primary tendency toward the evasion of issues, and you have a man who must perforce wrap himself in tissue of dreams. Some do this with the strange artifices of dementia praecox, manic depressive insanity and paranoia, some with a cloistered life of one kind or another, some with invention or dreamy, ill applied learning, some with opium, cocaine, etc., and finally there are those who drink to widen their horizons, to remove worry and sharpen their wits, to increase their bulk among their fellows, to make of themselves for the time being what they cannot bring themselves to accomplish by wearisome endeavor in a sober world. The tendency or drift toward chronic alcoholism is the result of a primary defective adaptation to life as the individual must live it.

The ultimate results of this mode of reaction have been quite definitely determined by a multitude of observers. They are in a lesser degree the effects noticeable in acute poisoning by this same agent.

Physically: there are tremors of the face, tongue, fingers, slight degrees of muscular incoordination evidenced in quick jerky speech and movements, a tendency toward peripheral neuritis evidenced in cramping of calf muscles and tenderness of the nerve trunks, a tendency to adiposity, to cirrhosis of the liver and to arterial changes.

Mentally: there is a loss of the keen edge of the perceptions. A former alcoholic, who has now been abstinent for two years, in speaking to the writer of the change noted in himself singled out this especial experience, remarking that he now seemed to “see more wherever he looked” to observe everything more clearly than before he stopped drinking. Narrowing of the preceptive horizons naturally implies a corresponding loss of normal associative activity which in turn permits of a greater predominance of the drink complex and calls for more alcohol to take the place of the normal stimuli thus shut off.

Impressibility is lessened and memory becomes tricky. Because of a failure to call into play the greatest possible number of associative tracts when selective action is demanded, the individual shows weakened judgment. Reactions occur which are not so well adapted as formerly to carry the organism along upon its previous plane and it tends to sag to lower and lower levels. This in the main explains the source of the inebriate's degradation. Delusions of infidelity, hallucinosis, delirium tremens and the remarkable syndrome given us by Korsakow all may occur in the course of the disorder and all are merely incidental to more acute poisoning either directly alcoholic in nature or indirectly due to the by-products of disordered metabolism. The main components of all these so-called psychoses are

present to a lesser degree in the chronic alcoholic while still apparently sane. He is, as it were, always in a state of saturation, ready to precipitate at any moment upon the addition of the proper reagent.

The relation of this individual to society is a sociological problem that can only be touched upon in the present essay. The tale may be read in the Municipal Courts any day, or at the House of Correction, or in the corner saloon, or the tenement, in the home for the feeble-minded and in the hospital for the insane. For a long time we have listened with indifference to it's telling but without a doubt we are now upon the verge of a tremendous realization of it's meaning, not for the individual alone but for the future of the race.

Alfred Gordon formerly of Jefferson Medical College in an intensive study of the effects of alcohol upon the descendants of 117 families found that in the first generation of 90 families of alcoholics, 200 of the offspring were mentally affected, 180 of these were epileptics. Of these children 78 began to use alcohol when from 8 to 16 years of age.

In the second generation of the descendants of 20 alcoholic grandparents, 78 were deficient and this deficiency was of a lower type than that found in the defectives of the first generation. There were more idiots and imbeciles with pronounced vicious tendencies. Sex perversions, vagabondage, debauchery and precocious prostitution occurred and quite a large number were admitted to hospitals for the insane in attacks of delirium and confusion.

The study of the effects on the third generation was confined to the descendants of seven known alcoholic families. Twenty-one of these were imbecilic, with or without epilepsy (Journal of Inebriety, Vol. 33, No. 3.)

Kraepelin in the last edition of his work upon prystialry quotes Charra as finding alcohol in the ovary and semen an hour after ingestion and Ceni as noting that chronic alcoholic hens lay one-third as many eggs as healthy hens and among their progeny but 43 per cent were healthy as against 77.6 per cent of those of alcohol free hens.

Conception in intoxicated state produces faults in the offspring. Holi-tischer reports three known cases of this nature, one child was a hydrocephalic imbecile, another rickety and scrofulous and suffered from disturbance of speech and gait while the third died at one and a half years in convulsions. Sullivan reports the death rate of the infants of abstemious mothers up to the third year as 23.9 per cent as opposed to a death rate of 55.8 per cent of those of alcoholic mothers. (Kraepelin 8th Edition.)

Last year the Legislature of Illinois voted to found a colony for epileptics. In a number of states these are already well established institutions. A home for these unfortunates is necessary, but why did we not likewise 10 years ago establish a hospital for those wounded and maimed in the insane celebration of the Fourth of July? Instead of this we instituted the Sane Fourth and almost completely did away in a decade with the need of any medical care whatever for our celebrants.

Four epileptics out of every 10 stand in the sombre shadow of an alcoholic parent. Alcohol contributes to the admission of at least 25 per cent of the inmates of our insane hospitals. Three-fourths of all the crime and misery in the world is probably due to this same cause. To these statements there is naturally but one reply—and a reply so simple that it very probably will require another century for its entire acceptance. Alcohol as a drink must go. It is an economic absurdity.

Meanwhile we must in selfprotection if not in charity give colony care to the inebriate and save not only the parent but the child as well. There are many so-called cures for drunkenness and no doubt all are successful at times. A small proportion of drinkers will stop when suddenly brought to a realization of their delinquency—whether this be by a so-called cure, by conversion, by accident or in any other of a dozen ways. These are the individuals already pointed out as possessing a fair amount of capacity for adjustment up to a certain point, beyond which they fail and go down until re-established by a sudden inner upheaval which restores them to their former level. The other 95 per cent, however, cannot emerge from their bondage in any such easy manner. For them there is no cure on earth save that of a period of enforced abstention with discipline, work and

religion, when possible. Remember that we have to deal with an organism primarily prone to react in a manner not calculated to bring about for itself the best results and in addition to this original handicap, there is added the disintegrative effect of alcohol upon a nervous system evolved for the especial purpose of enabling man to react to stimuli with precision, dispatch and far-seeing purpose.

Few inebriates actually crave liquor after they have been separated from it for a week. In two weeks' time they have no more physical desire for it than an abstainer. A patient recently told me two days after returning to the hospital from a two week's carouse that he would not mind if he knew there was no more alcohol in the world—and I've no doubt of his sincerity in this statement. The trouble lies not in the call of the body but in the cry of the psyche for the effects of alcohol. The inebriate misses this foster mother—who speaks kind words to him when things go badly, who entertains him and causes him to forget there is a real world with sharp corners on it. He is a big baby, and nothing more, provided his liver and kidneys are in working order. Take his bottle away from him and he cries until his attention is distracted and he learns to do without it.

Upon the other hand—and herein lies great hope—the alcoholic is a marvel in his reintegrative ability. The sot, the bum of the street under discipline often becomes a good worker and a decent fellow after a wonderfully short period of abstinence—and with even greater facility he reverts to his former level when returned to his old friends and environment. In discipline and re-education lies the secret of his cure. And discipline and re-education cannot be accomplished in an insane hospital or the workhouse. The logical, practical manner of dealing with this man is to commit him by law to a colony where he may be weaned from his foster mother, taught habits of industry, and built over into an efficient mechanism.

The various laws that have been framed concerning the commitment of inebriates quite generally fix the maximum term at from two to three years, but permit removal upon parole at the discretion of the management. The method of commitment may be quite similar to that for the insane. In order to commit it is necessary only to establish the fact that the individual is incapable of properly conducting his own affairs or is dangerous to himself or others by reason of habitual, periodical, or frequent and constant drunkenness—and that there is reasonable ground to believe that he will profit by colony care. Voluntary commitment is probably expedient, as with the insane. The patients ought not to be of bad character apart from their habits of inebriety. Return by warrant of arrest must be possible at any time while the patient is absent upon parole or escape.

The Massachusetts colony at Foxboro has been in existence some 12 years. Its holdings invoice over \$400,000, including a little over 100 acres of land. The per capita cost of \$5 a week at this institution appears high as judged by the standard of our western hospitals but relieved of the problem of union labor (in a locality far from any large city) it would seem that such a colony should, with an acre of land per capita, become in a few years almost selfsupporting.

On nearly 1,000 ex-patients of the Foxboro institution whose condition was investigated a few years ago, 22 per cent could not be traced, 20 per cent had remained abstinent and 21 per cent were improved and at work.

At Knoxville, the Iowa State Colony of Inebriates established in 1906, over 42 per cent of the graduates are reported as showing satisfactory results.

Now let us in conclusion indulge for a moment in some figures—professedly not above reproach and still good enough to give pause for thought. Illinois is now committed to the construction of a new insane hospital at a probable ultimate cost of \$1,500,000 for 1,500 patients, or \$1,000 a bed. An inebriate colony can be established at the same cost and run at one-half to two-thirds the annual per capita. Let us say we invest a half million in a colony for 500 patients. The stay of each patient let us say, averages four months—Foxboro figures—and we care for 1,500 a year. Let us assume that each year 40 per cent or 600 men are improved by their stay and that 40 per cent of this 600, or 240, are married men, or those who will marry later on, men at the height of their productivity as wage earners and begetters



of offspring. Let us be ultra conservative and allow each of the 240 only one child after he leaves the colony and we have 240 children every year bred with better chances for health of body and mind. This is a great asset—better health, less of imbecility, epilepsy, prostitution, drunkenness, sickness and crime among the children of the State—to say nothing of what we do for the 600 men themselves in remaking them into productive citizens. There is no doubt but that this is fit work for the State—a simple, sane and economical means of conserving the commonwealth.

### INSIGHT IN CASES RECOVERED FROM MANIC-DEPRESSIVE ATTACKS.\*

(By S. N. Clark, M. D., Physician, State Psychopathic Institute, Kankakee, Illinois.)

Insight, or perhaps it would be better to say full insight, on the part of a patient for a past mental disorder may be said to be an understanding of his condition during the attack; that is an appreciation of the abnormality of his actions, mood, delusions or hallucinations, and in certain cases some knowledge of the dependence of these features upon each other.

It is impossible for a patient to have insight for a period of which by reason of clouding of consciousness he has no recollection. Extreme distractibility, retardation of thought or concentration upon certain distressing thoughts may result in inattention to one's surroundings and consequently a failure to form memories of them. It is to be expected that an individual of low intelligence would be lacking in an appreciation of an attack for the same reason that he has deficient knowledge of other things.

Insight, at least for that part of a mental disorder which is remembered, is ordinarily considered as a criterion of the complete recovery of a patient who has suffered from any psychosis.

Since manic-depressive insanity is commonly considered as a recoverable psychosis it might be supposed that all who had passed through attacks of this disorder would have insight.

In the latest edition of his text book, Kraepelin speaks of cases of manic-depressive insanity who lack insight for the attack. His remarks on the subject may be translated as follows:

"Frequently the patients obtain no full clearness as to the extent and meaning of the disease. They admit that they have been excited or sad but lay the blame on accidental circumstances, the attitude of their environment and the fact of being brought into the asylum. They do not care to be reminded of the period of disease and avoid all discussion of it. They get out of the way of the physician if they happen to meet him later. Some patients who are still somewhat excited complain of those things which happened during the attack such as the alleged illegal robbing of their freedom or they give a description of the attack in a half humorous, half indignant, but always very personally colored manner."

Among the records of cases of manic-depressive insanity admitted to the Kankakee State Hospital, 148 were found in which a more or less definite statement was made in regard to the insight of the patient for the attack after its acute manifestations had subsided. Of these, 123 or 83 per cent were said to have had insight, while there were 25 or 17 per cent without.

There were 106 who had passed through a manic phase. Of these, 82 per cent had insight. Those of the depressed type numbered 30, of whom 90 per cent had insight.

Five cases had passed through a so-called mixed type. There were only three of these, (a relatively low number), who had insight. These cases are too few in number and not sufficiently studied to justify definite conclusions regarding them.

Of seven cases of the circular type two had insight for the depressed state but not for the manic.

\*Read before Alienists and Neurologists at Chicago, July 13-18, 1914.

These figures suggest that the great majority of cases recovered from the disorder in question have more or less insight and that this is somewhat more apt to occur after depressed attacks than after the opposite state. Conversely they would seem to show that a certain per cent of the cases which are called recovered do not have insight.

Nothing more than very general conclusions are warranted for the information was in many cases contained in a bare statement that the patient did or did not have insight and in some instances its occurrence was qualified as partial, slight or in some other term which left one much in the dark as to the actual state.

In view of Kraepelin's statement it may be taken as a fact that some manic-depressive patients do not have full insight and yet must be considered as recovered. This last term does not mean that a patient of this sort has returned to a state in which there is no vestige of the condition on account of which he was called insane, but rather that he has returned to his usual state—one in which, as is well known, affective oscillations occur. Since the actual psychosis as well as the slight oscillations of mood, which in mild degree are commonly found in these patients, are but the reactions of a certain type of individual, it might be expected that all features of the psychosis would depend upon the type of personal make-up. One may therefore look to the personality of the patient with the view of finding an index of the amount of insight which will be present. Two cases may be briefly reported here; one with, and the other without, insight. One seems to show quite definitely a make-up which would permit of realization of the nature of the situation which transpired during the psychosis whereas this is not so in the other.

The first of these cases is Mrs. Z.

The mother committed suicide at 35 years of age. She had been in an insane hospital at one time. A brother committed suicide and one sister is "in poor health, suffering from neuralgia." It is stated that "there never was a generation in which there was not a suicidal tendency."

The personal history is unfortunately quite meager. From it is learned that the patient "has always been depressed," although the statement is made that she was "normal in her childhood." She is said to have been "bright in school."

At 27 years of age she passed through a period of depression, lasting two weeks, and another of one month's duration when 31 years old. After each attack she returned to her normal state. At 43 years of age she again became mentally disordered and was sent to Kankakee. There she passed through a period of about two months' duration, characterized by marked depression, some evidence of retardation and at times considerable agitation.

A portion of the catamnesis as obtained from her after she had returned to her normal condition is given here. She had been feeling badly. She began to worry for fear she could no longer support her children. "Everything seemed like a mountain. It seemed as though I couldn't lift my feet or raise my hands to my head." "I don't remember for three days before coming here. The trip here seems like a dream." "I remember being on a train with two women, one my sister. I remember something about coming in but I don't remember who I saw." The patient had no recollection for some of the normal happenings but said that she always realized her own identity and appreciated things said to her, although she sometimes misidentified the speaker. She was at all times depressed. She believed the day of judgment had come and all her children had been ground to death in a sausage machine. She feared her fate would be a much worse one than that of her children and supposed someone was coming after her whenever anyone entered the ward. She thought she was going to be judged and punished at the staff meeting. In describing her state of mind she said "It was terrible." She kept thinking she might have been better to her family, etc. That she realized that she had been in an abnormal condition is shown by her statement. "I was mentally unbalanced." "I was not mentally responsible." Even if someone had given her money enough to insure the support of her children at the time when she worried most about

that question she would have continued depressed. This also shows that she appreciated the fact that she was in a state which was not normal for her. Her attitude of accepting the statements and opinions of others was shown by her remark "If my sister should tell me she wasn't with me in coming here, I'd believe it." "I listened to the other patients and began to realize what sort of place I was in and supposed I had been sick mentally." "I was so relieved when I found I was not to be punished." She had been told that she was placed on the ward for the acutely disturbed and was asked what she could conclude from that fact. She answered "I suppose I'd been pretty bad." This was despite the fact that she evidently did not like to think she had been disturbed.

This patient very evidently had very good insight for those things which she remembered. There was a very fair appreciation even of those things that she did not know at first, the character of her surroundings, etc., and the occurrences of which she had no recollection, e. g., being moved from one ward to another. This seemed due to the fact that she was willing to learn from others.

There was evidently the same attitude in meeting those problems which occurred during her ordinary life at home. People were always good to her and she never had quarrels with her relatives or her neighbors—"could get along with anyone." Her teachers were kind to her when she was going to school. Her husband was very good to her although he sometimes did not give her quite enough money to pay all the household expenses. When the patient was 38 years old her husband left her. It was learned that he had appropriated for his own use some of the money belonging to the firm for which he worked. There was a rumor that he had run off with another woman. Although the patient was greatly shocked and "hardly cared to live" she made up her mind she would have to make the best of the circumstances in which she found herself. She went to work and supported her four children. Both her husband's relatives and her own were kind to her at this time. The latter wanted to pursue the husband and bring him back but the patient said that if he did not want to support her, she did not want him to do so.

Her attitude at Kankakee after returning to her usual conditions bore out her statements in regard to her way of meeting situations. She was cheerful, quiet, on good terms with all and in fact was congenial with some with whom most of the others could not get along. She believed her relatives had acted in her best interest when they brought her here.

The other case is that of Mrs. X.

Nothing of importance was learned in regard to the family history. The patient had a high school education. She was always of a "nervous disposition," given to outbreaks of anger and periods when she was restless. Although she was generally happy and looking for fun the "tears were always near the surface" and she grieved about trivial matters. An unstable affectivity is shown here quite clearly. One fact of special interest in the anamnesis is that throughout the patient's life she has been one who was determined to have her own way despite the wishes and rights of others. She never would admit that she was at fault in any way. As a child she would hold her breath when crossed. At one time she would not breathe and became apparently unconscious. Her father snatched her up and it happened that her head was bumped. The shock brought the patient to herself at once. This incident was said to characterize her behavior throughout her life, that is she met all opposition by any defense available whether that defense was justifiable or not and regardless of the trouble it might make for others.

At 38 years of age after nursing her child through an acute illness she had an attack of three weeks' duration in which she "was decidedly talkative and restless." The patient denied the truth of this description but said she had a "nervous breakdown." She admitted that she had tried to jump through a window and did not try to explain her action except by saying that just at that time a friend of hers was being operated on and through some supernatural means the patient realized her friend was going to die. It is possible that the patient was clouded during a part of this period.



She apparently recovered completely from that attack. At 44 years of age shortly after the death of her husband she passed through another mental disorder, characterized by an elevated mood, pressure of speech and activity, and distractibility, with fairly clear grasp of the situation. This condition was followed by an apparently complete restoration to her usual condition. Even at this stage she showed an inability to consider anything but her own desires. She quarreled with the other patients, became angry on slight provocation, cried readily if she thought she was rebuked although she met any changes with excuses and a defense which was at the expense of someone else. Insight was lacking.

In spite of a very definite history of having been restless and nervous for several days before commitment she denied that she had been other than her usual self until the day before this took place when (so she alleged) she was attacked by a certain merchant's assistant. It is known that the patient went to the merchant's shop to get an article of dress belonging to her but the balance of the history as to what occurred in the shop is lacking except as given by the patient. According to her statement she struggled with the assailant for over five hours. A relative of the patient stated that the latter "went insane" while in the shop and that it "took two policemen to lock her up." The alleged assailant actually disappeared directly after the episode.

The patient said she was asked to go to the police station to testify against the man who had attacked her. While there a doctor gave her some medicine because she was slightly nervous. This "dope," as she expresses it, made her more nervous and the judge sent her to Kankakee although she denied that she was more nervous than anyone would be who had passed through a similar experience. She thought there was no reason for placing her among other restless patients. She admitted having broken a window but said she did so because she wanted fresh air. Restlessness, talkativeness, and exhilaration were denied. It will be noticed that someone else was always to blame for the situation in which the patient found herself; her assailant for making her nervous, (at least it is known that she had been so for several days before) the physician for giving her too much or the wrong kind of medicine, the judge for sending her to an insane hospital without cause, the physician for keeping her on the disturbed wards, etc. The nurses, the other patients and her own relatives all received their share of her condemnation.

In this case it is evident that the reaction of the patient toward the attack bears the same stamp as her attitude toward other occurrences in which she has found herself at a disadvantage. There is an unwillingness to accept any view in conflict with her own and a tendency to lay all the blame upon others which made it difficult for her to get along with anyone. This was shown by the fact that even though her relatives admitted she had returned to her usual state they were not anxious to take her to their homes.

The cases reported above have in common certain factors which might aid them in forming a conception of the past disorder. I refer to the indubitable fact that each was adjudged insane by a jury or commission, that she was sent to an insane hospital, that she was placed among other restless patients and given certain treatment and that finally these things were discussed with her by her relatives, the other patients and the physician in charge. One of the patients accepts these facts and uses them in forming her conception of the attack. The other looks at her psychosis in a way that reminds one of Kraepelin's statement that certain patients still suffering from one excitement give a description of the attack in a "very personally colored manner."

The important factor here is that each views those things which happened during the psychosis in the same way that she views everything throughout her life. In other words the fact that one has insight and that the other has not is due to an individual type of reaction, a manifestation of a certain personal make-up.

In speaking of insight, and using this as a criterion of recovery, type must be weighed.

In conclusion I wish to thank Dr. H. Douglas Singer for valuable advice in the preparation of this paper.

## THE RELATION OF PSYCHIATRY TO MEDICINE.

(By Charles Ricksher, M. D., Pathologist, State Psychopathic Institute, Kankakee, Illinois.)

Since the establishment of the first asylum for the insane medical men have claimed, and it has been generally understood by the laity, that insanity was a disorder which belonged in the province of medicine. At the present time no one denies that mental disorders are associated with disorders of the brain and no one in an enlightened, civilized community would think of calling in a theologian to cause the devils to leave the patient's body. At the same time, however, no one can say that the mass of physicians have kept up the little knowledge of mental disorders they acquired in the schools and only a very few of them have endeavored in any way to increase that knowledge.

As with the other branches of medicine, that relating to the diseases of the mind has grown slowly and has passed through periods of superstition and varying religious beliefs and for centuries its advance has been hampered on account of the persistence of these beliefs. During the middle ages and well up into modern times little was done to care in any way for those who were unfortunate enough to show peculiarities in thought or in actions. It was not until the 18th century that the first lunacy Act was passed in England, although before that time the insane had been segregated to a certain extent.

The study of mental disorders did not keep up with surgery and internal medicine during the 19th century although very good work was done in the early part. Gall's work called attention to the fact that the brain was a specialized organ and that it did not work as a whole—thus beginning the study of cerebral localization. The work of Boyle in differentiating general paralysis, the adoption of more humane methods of care for the insane by Pinel, Chiarugi and Tuke, all took place before 1830. From then, until the study of the nervous system received a fresh impetus by the discovery of the silver stains, little was done in the way of scientific study. The majority of works during this period were devoted to the medico-legal aspect of insanity, to a philosophical discussion of terms or of classification or to the administrative questions which occupied the minds of asylum superintendents.

Since about 1890, however, the study of mental diseases as definite physical ailments has advanced steadily and our knowledge of the cause, course and termination of the various disorders has increased greatly. In America and the greater part of Germany and France the adoption of Kraepelin's classification stopped some of the debate on that subject and allowed more time to be devoted to the study of symptomatology, etiology, pathology and treatment. While the advance along these lines has been slow, it has been steady.

The general medical profession, however, has not kept up with this gradual advance in knowledge in mental disorders and for this there are several reasons. Since primitive times an insane person has been considered as one accursed and consequently one to be avoided. The patient was secluded and his infirmity excused in every way. This is due in great part, also, to the general tendency on the part of the public, and physicians, to consider some family taint as responsible for the trouble and also to the so-called stigma which the patient is supposed to have received when he is summoned before the court and jury and adjudged insane. The legal processes have done a great deal towards causing the public to avoid an insane person as it avoids a condemned criminal.

Gradually, however, the system of voluntary commitments and psychiatric clinics are removing much of the cause for this manner of thinking and the people are beginning to realize that insanity is not a single disease or entity but that mental disorders are varied and that mental symptoms may occur in many so-called physical diseases.

Strictly speaking, the fever deliria belong to the great class of mental disorders which are of toxic origin but are transitory in nature. Fever deliria are not uncommon and are accepted by the general medical man as the results of the general toxæmia. When, however, they are prolonged or when they occur subsequent to the fever, as in certain post-typhoid or puerperal psychosis, they are considered rather as definite psychoses and the medical man is at a loss to account for them or to treat them.

Many of these psychoses might have been avoided if they had been recognized early, i. e., if the mental symptoms had been correctly interpreted. The toxæmia is a condition which the physician can sometimes alleviate even if he cannot entirely avoid some of its effects. A case of this sort clearly shows that mental symptoms are part of the physical disorders which it is the duty of the physician to study and to be able to interpret. The physical basis is clear, the symptomatology, while it is not always clear, is fairly definite, and the treatment is purely physical. No one would consider seriously sending such a case to a theologian in order to have the devils, created by the diseased brain cells, driven out of the body by incantations.

Practically all the psychoses which are associated with organic brain disease are only secondarily mental disorders. Arterio-sclerosis is responsible for many of the cases of mental disorder occurring in the aged. This is associated frequently, but not always, with a peripheral arterio-sclerosis with its attendant bodily symptoms. Headache is a frequent and troublesome symptom, nephritis is common, and there is a general wasting of the tissues of the body. After a paralytic attack there is either aphasia or paralytic symptoms. The pre-paralytic symptoms are interesting but are not generally known or appreciated. They consist of attacks of vertigo, of sleeplessness, and even pure mental symptoms may occur. Savage has reported a patient who for some months complained of sleeplessness and neuralgic pains chiefly fixing themselves in the eyeballs. The patient became irritable and changed his servants frequently; he became emotional and his memory failed. After some weeks hallucinations of hearing developed and he, on several occasions, got up at night, believing that a bell had rung. These auditory hallucinations became very annoying and the patient was very troublesome in protesting against them. Later hallucinations of smell developed and he almost developed ideas of persecution, thinking that the smells were made with the purpose of annoying him. After several months he had apoplectic attack and died following the convulsions.

Savage explains the symptoms on the basis of poor nutrition of the brain. "There was probably some atheroma about the vessels at the base which had impaired the circulation through the brain and thereby impeded nutrition; and as a result the hallucinations had occurred one by one. Each of them might be looked upon in the light of a pain to the sense. The patient was thus affected by a simple pain in the eyes, by bell-ringing, clanging and rubbing noises in the ears, by a sensation of smoke and fusty smells, as affecting the nose—all painful sense-impressions comparable one with another.

The senile cases show simply the atrophy associated with old age. The atrophy of the cerebral convolutions is comparable with the loss of tissue in the skin, the gradual breaking down of all the tissues of the body.

General paralysis is essentially a physical disease. The mental symptoms are secondary to the organic changes in the brain and throughout the body. The cause of the trouble is an exogenous one, one brought in from without and causing changes in the brain or spinal cord due to some unknown lack of resistance in these structures. Physical signs of the trouble are seen very early, probably before mental symptoms appear. This is, however, difficult to determine owing to the fact that attention is usually attracted to the patient by the mental abnormalities. The physical signs are always present and indicate a diffuse lesion of the central nervous system.

In the manic-depressive psychoses the physical accompaniments are not so easily discoverable. In excited states there is a loss of weight and increase in temperature but this can be well attributed to the motor unrest. In the depressed states the furred tongue, the general lack of desire for food, the constipation, are physical signs which are almost always present. The



exhilaration, the feeling of well being, the sensory hyper-aesthesia of a maniac would indicate some stimulation of the nervous system just as the slowness, the physical depression of a depressed patient would indicate the opposite action. Lugaro in his "Problems of Psychiatry" explains this depression and exhilaration on the theory of a diffuse chemical action on the brain. He says, "It is only natural that the functions for which a more complex coöperation of units is necessary, must react to the effects of a general depressing action more than other simpler ones; therefore the highest functions are the first to become weak. The processes which are determined directly by sensorial stimuli are therefore more advantageously situated in comparison with others produced by internal stimulation through associative paths. This constitutes another reason why the perception of objects may be less disturbed than the association of ideas, and especially the elaboration of complex processes of reasoning. But perception itself feels the damaging effects of slowing and simplification of associative processes; weakening of sensorial attention and apperception properly so-called occurs; the external impressions no longer undergo any process of selection, any reinforcement or any inhibition on the part of the associative centers, and consequently they are received passively without being impressed on the memory or without exciting any interest. Therefore from the general depressing action there result weakening of association, of reasoning, of elaboration of motives, of will power, of the capacity for grasping, retaining and elaborating impressions, and of taking an interest in external affairs."

A diffuse increase of excitability, in a moderate degree, may apparently be an element favorable to function but when prolonged there must be some damaging result to the organism.

Recently the mental disorders associated with disturbances of the various glands of the body have attracted some attention. It has been recognized for years that absence of the thyroid or non-function of this organ produces a condition of physical and mental weakness which is quite characteristic. When the gland functionates properly or when fresh or dried thyroid is given by mouth the symptoms disappear and in cases which begin in infancy the arrest of development may be overcome.

The secretion of the suprarenal glands has a remarkable effect upon the blood pressure by causing a contraction of the blood vessels. Repeated injections of this secretion causes lesions of the blood vessels and eventually causes arterio-sclerosis. Since arterio-sclerosis is a common cause of mental disturbances in the aged, the conditions influencing the suprarenal secretion are of great interest to psychiatrists as well as to the general medical man.

Since puberty and the menopause are periods in which mental diseases are especially liable to begin, the sexual glands have received a great amount of study. Both the period of beginning of sexual life and that of the end are accompanied by mental diseases, frequently of a chronic type, each peculiar to its period. Just what the effect of the sexual glands is in the production of these disorders or whether there is only a secondary action induced in other glands by the onset or cessation of functional activity or, indeed, whether there is any relation to the psychoses is yet an open question. The lesions of the hypophysis and pineal body may be accompanied by various mental symptoms which may easily mislead the clinician.

Our knowledge of the correlation of the various glands, the nature and function of their secretions and the disorders produced by their dysfunction is as yet little known and will require careful study and much experimentation to determine.

The problems of psychiatry are those of medicine. The anatomy and pathology of the nervous system must be developed. Nervous pathology is as yet only in its infancy and new methods of investigation are being developed as in other branches of this field. The study of social conditions, the conditions predisposing to mental disease is the same as that relating to the study of the bodily disorders. Finally the determination of the causes of disease are the same in both fields. Just as we do not know why the kidney or lung is involved in certain individuals and not in others under apparently the same conditions, so are we ignorant why the brain is diseased in one patient who suffers from syphilis and the liver in another.

These questions will require much study but few believe they will not eventually be solved.

The lack of definite knowledge of the anatomy and pathology of the central nervous system and the difficulty of acquiring what is known concerning its complicated structure has repelled students, especially when there was apparently so little to be gained by such study. On the mental side the generally accepted belief that a person once attacked with a mental disorder was incurable and the thought that mental disorders occurred only in insanity has prevented many men from giving the subject the study they should. The increased popularity of psychotherapy and the demand of the public that the physician be one who can treat the mild mental disorders will gradually force a more general study of these cases. The spread of teaching centers, a realization on the part of the physicians of the importance of knowing how to interpret and correlate mental symptoms and a knowledge of the part played in his every day practice by his unconscious psychotherapy must lead to a study of medical psychology and in that way to a knowledge of the as yet little known field of mental disorders.

### A SUMMARY OF NERVOUS AND MENTAL FINDINGS IN FEEBLE-MINDED CHILDREN.\*

(By J. J. Mendelsohn, M. D., Staff, Lincoln State School and Colony.)

A very noticeable feature of the feeble-minded as a class is the frequent indications of cerebral lesions and the diversity in their mode of manifestation. Practically all types exhibit along with their mental abnormalities, varying degrees of impairment of sensory and motor functions.

Investigation of the nervous and mental characteristics of upwards of 1,000 cases has furnished interesting data, the more important of which will be briefly summarized.

#### SENSORY FINDINGS.

Impairment of the special senses is of common occurrence. Of 200 cases where the intelligence of the children admitted allowed of examination, deficiency in the acuity of vision was demonstrated in 38 per cent—myopia and astigmatism being the most frequent abnormalities observed. Inequality in the size of the pupils was present in 5 per cent of cases, strabismus in 11 per cent, nystagmus in 5 per cent, subptosis and ptosis in 4 per cent. In 3 per cent of cases the reaction to light was sluggish. Total blindness is relatively rare, there being but 12 cases out of 1,600—eight cases of which are due to *ophthalmia neonatorum*.

Auditory defect in varying degrees was present in 18 per cent of the above mentioned group. Six per cent of this number had a history of either recent or remote otitis media. There were 19 cases of deaf-mutism in 1,600 children.

Smell and taste, while somewhat blunted, was not found to show any marked deviation from the normal in the higher grades of mental enfeeblement. The lower grades in many instances display extreme defect of these senses. Satisfactory tests for taste and smell are exceedingly difficult to obtain.

The greater number of cases examined show a slight diminution in the cutaneous susceptibility to pain and tactile stimuli. Difficulty in accurate localization is a prominent finding. About 8 per cent of cases exhibit hypersensibility, especially to pain. In idiots and epileptics cutaneous analgesia is occasionally found. While many cases find it hard to recognize the finer grades of temperature, insensibility to extreme grades of heat and cold were seldom encountered except in idiots. Where stereognosis could be judged it was found to be invariably good.

Abnormalities of organic sensations are often met with. Absolute idiots will give no evidence of the presence of thirst or hunger. More prominent

\*Read before the Alienists and Neurologists at Chicago July 13-17, 1914.

is the tendency to gluttony. Painful sensation associated with visceral disease is often not apparent—sexual instincts are frequently abnormal, such abnormality being much more common in males.

#### MOTOR FINDINGS.

Evidence of motor defect is more prominent than sensory. Paralysis, partial or complete, is found distributed through all grades of mental defectives, being, as a rule, more frequent and severe in those of lower mentality. In our cases indications of infantile cerebral paralysis is found in 15 per cent of the inmate population, constituted as follows:

	Per cent.
Diplegia .....	68
Hemiplegia .....	25
Paraplegia and Monoplegia .....	7

Seven per cent of this group of paralytics have chronic hydrocephalus. In 6 per cent the paralysis is residual in nature, function having been almost entirely restored. The paresis is, as a rule, spastic in character and is frequently accompanied by morbid involuntary movements, the most prominent of which are epileptic convulsions which occur in 42 per cent of paralytics. Less prominent are athetosis, choreiform movements, and various forms of tremor which are met with in about 33 per cent of cases. Muscular incoordination is common in the majority of feeble-minded, especially marked in epileptics and paralytics.

The morbid condition of the central nervous system often manifests itself in over-action or weakness of the muscles without any definite paralysis. Muscular over-action is evident in about 14 per cent of the children. It manifests itself in various forms of excessive movement, apparently voluntary in nature, also in the form of tics and automatic movements, such as body-swaying, nodding, tapping, rhythmical motion of the fingers, hands and arms, continuous humming or droning. There is hypertonus of the muscles with exaggeration of the deep reflexes. In contrast to this is found, with much less frequency and mostly in the more severe grades of mental defect, cases of deficient motor excitability. The movements are sluggish. General body balance is relaxed. There is hypo-tonus of the muscles with retarded reflexes.

Hyperextensibility of the joints, especially the metacarpophalangeal, is often met with, especially in cases of organic defect.

Epilepsy is a frequent complication of feeble-mindedness, this condition being found in 16 per cent of 1,600 cases. Of this number about 36 per cent show signs of organic disease. The grand mal type predominates to the extent of 95 per cent, the remaining 5 per cent being comprised by the petit mal and Jacksonian forms. Observation has led me to believe that every mental defective with an organic brain lesion is a potential epileptic.

Chorea is met with in both the acute and chronic forms in about 2 per cent of our cases. There are four cases which are fairly good examples of hydro-pituitarism, also a few cases representing the types of muscular dystrophies.

Abnormalities of speech are found to exist in about 65 per cent of feeble-minded children. The forms of abnormality are so diverse as not to permit of proper classification in a paper of this kind. Defects depending on the impairment of the motor speech apparatus, especially cortical anomalies, are most frequent, constituting about 62 per cent of this total. Such defect includes in their order of frequency stammering, slurring or stumbling over syllables, stuttering, aphonia, motor aphasia, and other unclassified forms of impairment. Intellectual speech defect is next in order of frequency and is met with in 35 per cent, being almost entirely limited to idiots and the lowest grades of imbeciles. This includes cases where speech is absent or rudimentary, being limited to noise-making, lalling, monosyllables, echolalia, and other varieties, of psychic speech defect. Defect depending on imperfection of perception of sound or absolute deafness is found in about 3 per cent.



## MENTAL FINDINGS.

The mental states in the feeble-minded are divisible in two chief groups:

1. Cases where the defect is mainly intellectual.
2. Cases where the moral defect is more prominent.

The second group is more frequently encountered as the intelligence level approaches the normal. The intellectual level of 295 admissions as graded by the Binet-Simon Tests resulted in the following findings:

Fifty were found to be idiots, namely, to have exhibited a mental age of less than two years. The physical ages of this group varied from 3 to 31 years, the average age being  $9\frac{1}{2}$  years. One hundred and twenty-five comprised the imbecile group with an intelligence age varying from 2 to 8 years. The physical ages of this group ranged from 6 to 43 years, the average age being  $12\frac{3}{5}$  years. Eighty-four were found to be of the moron type, their intelligence age varying from 8 to 13 years. The physical ages in this group ranged from 11 to 48 years, the average age being  $16\frac{1}{2}$  years. Considering the fact that an individual with a mental age of 8 to 13 years can frequently get along in the community and are the last to gravitate to an institution for the feeble-minded, the size of the moron group is significant of the numbers of this type at large.

Twenty-four of this series were classified as backward, their mental retardation not exceeding 3 years, while 11 graded up to the normal requirement of the tests. Of these two groups of cases a few members were epileptic—some displayed reactions pointing towards a progressive increase in their mental retardation while the majority showed varying degrees of incorrigibility and other evidences of feeble control of their moral reactions.

Defect in the power of attention is exceedingly common in the feeble-minded. This defect varies in intensity, depending, as a rule, on the severity of the mental deficiency. The profound idiot may be so markedly lacking in attention as to render any education a practical impossibility. The imbecile usually displays voluntary attention but the character of the same is unstable, it being easily gained but as easily distracted. The same tendency is displayed in the higher grades but in a milder form. The majority will show a childish interest in things spectacular but the impression fades rapidly.

As a result of the defect of attention all qualities depending on attention are correspondingly impaired. There is a lack of mental concentration. Comprehension is poor. The stock of ideas is reduced and there is a lack in the power of association. Acquired memory is also of necessity impaired.

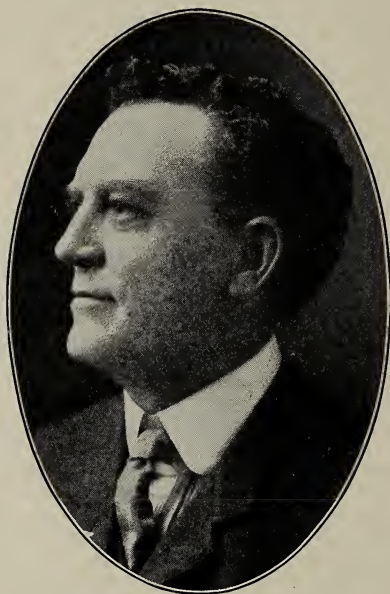
A constant feature in the feeble-minded is a lack of judgment and reasoning power. While the higher grades will at times show a capability of reaching simple conclusions, their judgment is, as a rule, too limited to permit of a proper appreciation of right or wrong, except as they associate certain acts with punishment. Coincident with the lack of common sense there is a deficiency of will-power with increased suggestibility.

The majority of cases are of indifferent temperament, showing a lack of constructive imagination with deficiency of the emotions. Sympathy and affection are for the most lacking—they are readily amused by the ridiculous but not so easily touched by the pathetic. On admission to the institution the majority show little evidence of homesickness, readily adjusting themselves to institution environment and often doing quite well at routine work under supervision.

Vicious environment is capable of developing immoral tendencies in most feeble-minded children. There are a great percentage of cases, however, that show an innate tendency to degenerate traits of character. The intellectual defect is not pronounced but the moral defect is prominent. The latter manifests itself in early incorrigible tendencies, such as dishonesty, truancy, "wanderlust," cruelty and destructiveness. Sex perversion is of common occurrence. In many instances there appears to be a total inability of comprehending social obligations. It is from this group of cases that the ranks of paupers, vagrants, thieves, prostitutes, sex perverts, and the like are often recruited.

Insanity as a complication of mental deficiency is deserving of mention. C. B. Caldwell reports that 11 per cent of the population at Lincoln "Gave

undoubted insane reactions in one form or another." Thirty-five per cent of this total he includes under the head of "Terminal Dementia," a condition commonly found in the feeble-minded especially the older patients. Dementia praecox is met with to a similar extent and is the chief active form of insanity encountered, the hebephrenic form predominating. Paranoic states comprise about 5 per cent of this group and involuntional states including melancholia, about 4 per cent. The remainder is constituted almost entirely by the demented and maniacal forms of epileptic insanity—rarely a case of juvenile praesitis is met with.



MR. H. C. MONTGOMERY.

Recently Appointed Superintendent, State School for Blind at Jacksonville.

## INSPECTION OF STATE INSTITUTIONS.

(By A. L. Bowen, Executive Secretary, State Charities Commission.)

## THE PEORIA STATE HOSPITAL.

Peoria State Hospital, September 16 and 17, 1914: A complete inspection of this institution was made by me on these two days. It included a visit to the farm colony where some very fine improvements in physical property are in progress. Since my last visit to this colony the State has purchased 160 acres of land adjoining the original tract. Of this land a portion will be used for pasture and the rest for corn and oats. With this addition the State has about 320 acres in one tract, with two sets of improvements.

A brick and concrete, fireproof farm cottage, housing 50 male patients, has been occupied within the year. The structure is severely plain, both inside and out, but is well arranged and equipped for the purpose to which it is devoted. The upper floor is one large dormitory. The beds are in excellent condition and I found the whole building very well kept. A man and his wife are in charge.

The frame dwelling that stands near by is undergoing rebuilding. It will be occupied by the farmer, his family and help. The house has been raised, the foundations repaired, a new slate roof put on, the porches enlarged and the exterior and interior painted. Splendid improvements have been made and are in progress among the out buildings.

The new dairy barn, a frame and stucco structure of attractive design, houses 50 head of cows. The front half is two story with hip roof and the other half, one story in which the cattle are housed. There is a silo attached with capacity of 85 tons.

Nearby is being erected a large one story barn for cows and calves. Concrete blocks are made and laid by patients and employees. A concrete silo of 197 tons capacity adjoins.

An eighth of a mile distant, beyond a ravine, three structures of concrete blocks of home manufacture are in progress. These will be occupied by the hogs. The smallest building will be the slaughter house. The other two are about of equal size and will be one story in height with saw tooth roof facing the south, so that in winter time the sun light will penetrate every part of the interior. The floors are of concrete and modern equipment for the care of hogs is being installed. The institution now has 300 hogs. So far no disease has appeared and it is believed that, with the sanitary housing of this stock, it will be possible to keep cholera away.

It is proposed to dam the ravine so that a wading pool of clear fresh water will always be available for the hogs.

It is planned now to erect a cement block wall or fence about the farm building.

The colony is provided with water pressure with fire plugs at all vantage points. There is a new steel water tank to furnish pressure to all buildings and all parts of the grounds. Electric light is secured from a public service corporation, because, so far, the State has not extended a line from the main hospital power plant. This must soon be done as the colony has no telephonic communication with the hospital. Next year it is proposed to erect a new horse and hay barn, and other smaller out buildings also of home-made concrete blocks, which will complete the farm colony, making it one of the best in the middle west.

A recent acquisition is a portable gasoline engine and an ensilage cutter, enabling the farm to cut its own corn rather than to hire it done as has been the custom.



At the other set of improvements, located a short distance to the west the farm house has been rebuilt, so that it will accommodate a couple of attendants an 10 female patients. These patients will not be moved in until later in the season.

On this trip, I found the supplies of clothing and bed linen very much more abundant.

The Board of Administration having authorized the purchase, on the open market, of enough clothing to furnish all patients with sufficient, has brought into the institution large quantities of overalls, dresses, stockings, etc.

There is now on hand enough winter underwear for the whole population. I found none of the wards short of clothing, though the untidy wards might yet improve and enlarge their stocks. Ten thousand yards of sheeting has just arrived and the workrooms have commenced to make it up. With these on hand, this addition will provide every bed with ample sheets. Pillow case tubing has been ordered and is expected within a few days. The beds are short of pillows. Rubber sheeting has arrived in sufficient quantity to provide all beds that need it. The sheets are larger than the old and apparently of better quality. Orders have been issued against folding them so that they are expected to last much longer and give better service. A shortage of night dresses is still noticed, but this will be remedied soon.

A very remarkable improvement in the wards is the painting of the bed frames and the renewal of springs and mattresses. Fully one-half of the beds in the hospital have already been through the painters and repairers hands.

They are first taken to the repair shop where new springs are put in. Then they pass to the power-house where they are treated to live steam to destroy all traces of vermin. After this they go to the paintshop where they are painted and enamelled.

The mattresses, on all male wards, are now as good as new. Every mattress that was soiled, or had given away was taken to the mattress shop and rebuilt. This shop is now working on the female wards and much progress has been made. The A row, hospital B and receiving cottage A, having already received attention.

There are hundreds of beds without castors. In this condition they destroy floors. Orders are in for castors for the whole institution. New window shades have been hung in many of the cottages. New electric fixtures have been installed in many of the "A" and "B" row cottages.

The new bath and toilet rooms in the "A" row cottages are nearing completion. White tile floors have been laid on steel beams. New plumbing has been installed. The bath tub has been separated from the rest by a plaster wall that does not run to the ceiling. Some of the tile flooring is very unsatisfactory in the manner of the laying. It shows poor workmanship and lack of attention. It has not been accepted.

Other improvements noted are the following: Completion of the engineer's office, west of the domestic building. This was built of concrete blocks. It is finished in yellow pine with hard floors, has cases for books and plans and a full equipment for drafting purposes. All the material except the doors was turned out by the hospital shops.

The installation of the new battery of water tube boilers and the completion of the stoker and ash pit. The power plant now consists of three batteries, each of two boilers, each boiler of 300 horse power, so that the aggregate horse power of the plant is 1,800.

All boilers are of uniform type and make. New headers have been put in. The stoker system makes it possible to use slack.

Coal is now being delivered at the institution by wagon. Thereby hangs a story as old as the hospital. When the hospital was located on this hill, a coal mine on adjoining property secured the right to build a switch track connecting the railroads at Bartonville with the power plant on the top of the hill.

This switch runs through a gully and passes the mouth of the mine. From Bartonville to the mine it is upon private property and a public highway. From the mine to the powerhouse it is on State property.

The owner of this coal mine, through the use of this switch track has been able, all these years, to prevent competitors from making a contract to deliver coal at this institution. The Interstate Commerce Commission and the State Railroad and Warehouse Commission have been unable to give the State relief.

The mine owner, through injunction proceedings, has prevented the shipment of any coal over this track other than that produced by his mine.

Recently, however, the mine closed, but the injunction against the use of the tracks has not been dissolved; consequently it is necessary to haul coal by wagon from Bartonville to the top of the hill.

The State has frequently figured on building its own switch track, but the cost would be almost prohibitive. The switch track in controversy runs over the shortest and probably the only feasible right of way.

Three new buildings are under construction, the receiving cottage for men, an almost exact duplication of the receiving cottage for women, but located on the opposite side of the grounds; the amusement hall, located almost in the center of the open park in front of the administration building and the laboratory and morgue, a close duplication of the building erected for this purpose at Elgin. This building is located in the rear of the receiving cottage for women.

These buildings will add a new shade to the already large variety of colors on this hill.

A dark red paving brick will be used. A yellow pressed brick was wanted to match the newer buildings but the limitations of the appropriations rendered it necessary to purchase the cheaper brick.

Cottage "B 4" is undergoing rehabilitation on the interior. Nearly all the plastering has been renewed. A new toilet and bathroom has been put in. This building will be practically new when this work is completed.

The installation of the new lighting system for the grounds is nearing completion. It includes boulevard standards on the main avenue and single and double light standards on the other walks and drives. All wires are under ground. The new system will add materially to the appearance of the grounds both day and night.

Arrangements are being made now for the rebuilding of cottages "C 5" and "C 6." These buildings, long occupied by destructive women are almost wrecks. There are few window panes left. The furniture is nearly all gone. The plaster has been knocked from the walls and the lathing punctured. The plumbing is in a state of delapidation.

Nearly all of the buildings on this row are in need of attention, especially in the water sections. They were not well built and have had hard usage. It is to give them proper attention that the superintendent is asking for an increase in the repair and improvement fund and for a large sum for new plumbing.

The new fire-escapes on these eight cottages have been completed. They serve only the top or third floor, on which from 25 to 30 patients sleep. It seems to me that connection should be made between them and the second floors, as exigencies can be imagined as possible when second floor patients would need this avenue of escape as badly as the third floor patients or even more so.

The other escapes from the third floor of this row are being changed. The old windows are being removed and doors that swing outward substituted. Several cottages have already been changed.

When these are finished, the people on the third floors of the "C" building will have four means of egress, one at each end of the buildings and one on each side to the top of the porches.

On my rounds I received some complaints from patients and some from employees. I noted some things which required attention, such as hose without nozzles and locks that refused to work. All these matters were taken up with the superintendent direct.

The estimates of appropriations to be asked of the next General Assembly have been made up and transmitted to the Board of Administration and Governor Dunne.

I would ask permission to speak of them at some length, as certain of them are worthy of special thought.

They are as follows:

The dining-rooms for the "C" row cottages, \$20,000 each. There are eight of these buildings, each housing from 125 to 140 patients. One cottage goes to the general dining-room; the rest eat in the basements. I have in other reports described these under ground dining-rooms. One can hardly imagine anything worse than they are. The sun never reaches them. On one side the light is shut off absolutely by the front porch which extends along the entire front. On the other side light and air are excluded by the back porch, under which runs a depressed cement paved driveway. Their floors are of rough cement which has filled with rancid grease. They have never been screened and flies swarm. The serving-rooms and dish washing-rooms are at one end. The plumbing is out of order and some of the basements are always damp and in one, the water backs after every hard rain. At the other end of the dining-room is the bathroom from which pour the odors of steam and unclean clothing. Some of them are rat infested. Nothing can be done to make them satisfactory. They must always be dark and unventilated and in undesirable contact.

The superintendent's plan is to erect near this row, two one-story, ground floor dining-rooms, one for each sex.

One building for 150 working male patients, \$60,000. This building is designed to take care of the same number of men who are now sleeping on the third floor of the storehouse. It is true that this building is considered fireproof, but it is not a safe place for patients. It is three full stories high with a half basement, making almost four floors. On the first floor are the stores, the clothing, dry goods, groceries and flour and at the east end the planing mill and wood shop. All these materials are combustible, some of them highly so. The second floor contains the men's dayroom, clothes rooms and cold storage apartments. The third floor is one immense, open dormitory with the beds as close together as it is possible to place them. From this third floor there is only one egress, an iron flight of stairs located in the middle. An elevator shaft from the first to the third floor aggravates the situation.

To make matters even worse there is no fire-escape on the building.

All of this space is needed for the supplies and shops. These men should not be housed so far from the ground. Hence the request for \$60,000 with which to erect a ward building.

Two tubercular cottages, \$25,000 each. These are designed to take the place of the present tent colonies. These tents have served good purpose these 10 years and have been the means of prolonging and saving life. But the State should furnish better quarters. The tents are very cold in the winter. They have wood floors which must be scrubbed daily. It is impossible to properly screen them. The kitchen and dining-room facilities are inadequate and unsatisfactory.

For repairs and improvements, \$50,000 per year. This is an increase of \$15,000 per year for this fund. Any one who will look over the older buildings will not object to this increase. Nothing is more vitally needed now than sufficient money with which to make the essential repairs, some of which I have described.

For new plumbing, \$18,000. What I have said about the repair and improvement fund applies to this appropriation.

For improvement of the grounds, \$5,000 per year.

For one new barn at the farm, \$5,000.

One machine shop, \$4,000.

One scale track, \$3,000.

Furniture for three buildings now under construction, \$5,000.

Window stripping to make tight the windows on the cottages, \$6,000.

Dairy cows, \$4,000.

Auto truck, \$2,500.

New laundry machinery, \$4,500.

To place wires in conduit, \$10,000.



New electric generator of 200 K. W., \$8,000.

Coal conveyor, \$10,000.

Completion of one wing of the employees new building, \$6,000.

These items added to the sums necessary for the ordinary maintenance makes a total for the two years of \$1,120,000, against \$1,055,000 which was appropriated to this institution by the last General Assembly.

Other matters which I might mention are the following:

The new iron stairs in the 8 "C" row cottages, taking the place of worn out wood stairs, have all been installed. They are very much more satisfactory and safer in every way.

New chairs have been purchased so that it is possible to provide every patient with a seat at the table. The old broken down, bent wood settees, found in the dining-rooms on many wards, have been thrown away. I am sorry to say that it has been necessary to save a few of them for the porches. New porch and ward furniture is needed on a number of the cottages. Food carts have been purchased which can be drawn by men. They are divided into compartments for the various kinds of foods.

Three diet kitchens, one on each hospital and one in the receiving cottage for women, have been combined into one, located in the basement of the hospital for women. A woman has been placed in charge and will be held responsible for the supplies and for the diets for patients and the meals of nurses on these wards. It had been discovered that special foods sent to some of these wards for patients, did not reach their destination, hence the change.

On the hospital for men a change has been made, so that the whole second floor has been made into a dormitory. Heretofore the bed patients were on the east end of the first floor. Old, infirm men who could be about slept in the west end of the first floor but had their day room in the second floor. This required a great amount of traveling up and down stairs by the nurses and the patients themselves. Consequently the top floor is now a dormitory throughout and the men are all on the first floor during the day.

A printing office has been installed in the paintshop. Equipment and supplies have cost about \$500. The printing bill of this hospital amounts to about \$1,100 a year. This little plant, operated by a patient, can do all this work.

New machinery, enumerated in my last report as having been ordered, has been set up in the laundry. The greatest improvement here is the removal of the stoves for heating irons and the substitution of electric irons throughout.

The laundry still lacks sufficient equipment to do the work of the whole hospital promptly and satisfactorily. Many complaints were heard on the wards of the delays in delivery of laundry. This explains the request of the superintendent for money with which to add to laundry equipment.

A new metal ceiling is being placed in the kitchen. The old one is totally worn out. The new will cost about \$1,000. The repair of the cooking equipment doing away with escaping steam, will serve to preserve the new ceiling.

Two thousand dollars worth of cement walks have been laid this summer. The entrances to the general dining hall have been connected with the main walks and a wide cement walk has been laid clear around the building.

This building, by the way, shows signs of falling on one side. The foundation at this point was laid on made ground and the walls have commenced to part.

Painting of exterior work has progressed rapidly during the summer and the program outlined has been nearly completed. The painters will work inside during the winter. The plastering has been repaired on a number of cottages so that they may go ahead without interruption.

During this trip I visited the dining-rooms several times. I talked with many of the patients and employees, especially on the hospital and receiving wards, but elicited no complaints out of the ordinary.

## THE LINCOLN STATE SCHOOL AND COLONY.

Lincoln State School and Colony: This visit was made to attend the opening exercises of the school. Mr. Fred J. Kern, President of the Board of Administration was the speaker of the day.

This institution had no graduating exercises in the spring. This program was arranged to give Mr. Kern an opportunity to speak to the employees and to meet them.

After a brief program by the children of the school, which, by the way, was very creditable indeed, the employees came in and Mr. Kern addressed them on their duties, their opportunities and the ideals of the State service.

He expressed his hope that during his term of office he would see three things accomplished in the State institutions:

*First*—The eight hour day for all employees, and equality of sexes in the matter of wages and salaries.

*Second*—The complete abolition of restraint in the hospitals.

*Third*—The complete abolition of corporal punishment.

The spirit of the employees here was very fine and pleased both Mr. Kern and me. This was testified to in the large number present; probably all employees who were not needed at their posts came to hear Mr. Kern. Attention was respectful and hearty applause greeted many of his points.

After the speeches all employees were personally introduced to Mr. Kern. Such affairs as this are very necessary in a good State service. Our employees need and appreciate just such addresses as Mr. Kern delivered. They should be made to understand that the central authorities at Springfield are interested in their welfare and are watching them for those who may be promoted to better pay and position.

Many of the men and women who come into our State institutions have never been away from home. They know little of the world and what is expected of them in the institution. Little attention is given them by those higher up which is a grave mistake; for there is the making of splendid employees in hundreds of them, if they were given the encouragement and instruction they are entitled to.

## ILLINOIS SOLDIERS' ORPHANS' HOME.

Illinois Soldiers' Orphans' Home, September 8, 1914: An immense amount of repair work has been done at this institution during the summer. The most important and noticeable is that of the hospital building. The interior of this building has been frequently criticised as being shabby, but when this work is done the cause for unfavorable comment will have been removed.

Metal ceilings are being added throughout in both the corridors and all rooms. All walls are being painted and enameled. New linoleum is being placed on the floors and new rubber treads on the stairs. New curtains are to be hung at the windows.

In the institution kitchen and scullery a new concrete floor has been laid on steel "I" beams. These two departments are to be repainted and refitted throughout.

The stairs leading from the kitchen to the bakery below have been made of solid concrete. The cold storage apartments are to be repainted.

In the main building eight of the rooms for employees and the main dining-room have been repapered and repainted.

In the schoolhouse all the rooms have been painted and the wood work revarnished. The wood stairways, from the first to the second floors, which have been frequently criticised, will be removed in a few days and a flight of iron stairs, with a square landing, will be substituted. The blackboards in the schoolhouse have been refinished.

The exterior of the little schoolhouse has been painted. In the basement of the main building a new hard wood floor has been laid, in what is known as the boys' hall.

While the work of repairing the kitchen has been in progress, the cooking has been done in the old laundry building. This building which has been serving as a gymnasium, is to be converted into a storehouse and

the next General Assembly will be asked for an appropriation with which to erect a gymnasium.

The interior of three of the cottages has been painted from top to bottom.

Bids are soon to be opened for the construction of a new water system. This work includes the removal of two small boilers and the rebuilding of a marine boiler which has not been used for some time, but which is considered to be in good condition. Wells, electric driven pumps are to be installed. A stand pipe, with a capacity of 40,000 gallons will be erected to furnish pressure and reserve.

A new electrical unit is to be installed in the power plant. When this work is completed this institution will have one of the most complete power, heat and water plants in the State.

This was the first day of school and the attendance was 362, which is approximately the number present on the last day of school in June. Nine of the graduates in last year's class are going to the high school in the city of Normal. One of them is going to the State Normal University, having completed his course in the Soldiers' Orphans' Home and secured a free scholarship by competitive examination.

The season was fairly prosperous for the farm and garden. The oats, averaged 78 bushels to the acre; corn will make probably 60 or 70 bushels. There was a tremendous amount of vegetables.

The health of the children has been very good all summer. There were three in the hospital today; one a boy suffering from nephritis and dropsy and the other a very beautiful and cheerful little girl who has been operated upon for tubercular spine and has been in a frame for several weeks. The indications are that the little girl will make a complete recovery.

As to the boy there are certain circumstances which I think should be cleared up. He was not very well when he left the institution in the spring and came to live with a farmer in Sangamon County. The boy was taken sick and was placed in St. John's Hospital in Springfield. He was sent from the hospital to Bloomington without notice to the superintendent.

He was sick on his arrival in Bloomington and was at once placed in the hospital at the home where he has been since.

I have started an investigation to clear up some of the circumstances attending the transfer of this boy.

#### ILLINOIS SOLDIERS' WIDOWS' HOME.

Illinois Soldiers' Widows' Home, September 12: The physical plant of this institution has been put in good condition this summer. The second and third floors of the main building have been painted for the first time. Heretofore, these walls have been calcimined and the result has never been satisfactory.

This summer the Board of Administration let a contract for painting the corridors and rooms on the second floor and for varnishing the wood work. This work is practically complete and makes a transformation in appearance. All beds on the second and third floors have been reenameled.

The board has permitted Relief Corps of the State to furnish certain rooms for the old ladies and has likewise given the ladies themselves the right to buy furniture and rugs for their rooms. Four or five have already done this, and have fixed up their rooms with new beds and mattresses, new rugs and new curtains.

A radical improvement has been made in the basement. An old accumulation of broken furniture, rags and boxes has been cleaned out. Sixteen chairs and three divans and sofas were found in good condition except that the upholstering was worn out. An upholsterer has repaired all this furniture and it has been brought up and put in good use.

Additional storerooms have been built in the basement and all of the supplies of the institution have been assembled and classified and put under lock and key.

The institution needs a laundry and some new laundry equipment. The laundry is located in a dark low basement and the machinery is antiquated.



The last General Assembly made an appropriation for a new barn. A contract for this barn will be let soon and it is proposed to use the old barn for the laundry. This building is of brick and is ample in size for laundry purposes. It seems that this would be the solution of the laundry problem at this institution.

In selecting the site for the new barn care should be taken to locate it some distance from the buildings. It should not be located near the hospital, because of the flies.

The population of this home is now large enough to warrant the installation of a small cold storage plant. At present perishable supplies must be purchased from day to day. A small ice box furnishes the only facilities for keeping such supplies. A small refrigerating plant, such as was installed at the Soldiers' Orphans' Home, would be ample for this institution. It would enable the purchase of meats in larger quantities and result in much better quality.

There were 83 ladies present today. Eight are out on parole, making a total of 91 on the rolls. Accommodations could be found for eight or nine more.

I visited all of the ladies, calling upon them at their rooms. I found everyone in good spirits and apparently happy and contented. All were pleased with the repairs and improvements. I think everyone remarked upon them.

#### ILLINOIS CHARITABLE EYE AND EAR INFIRMARY.

Illinois Charitable Eye and Ear Infirmary, September 25, 1914: One of the sights that furnish the bright lights of institutional visiting, came into my field today at this hospital. An old Italian who could scarcely make himself understood in English, but whose face was wreathed in smiles and whose gesticulations were animated by the spirit of happiness, told a story of a great event in his life.

He could see.

For 25 years he had been blind, unable to help himself, a charge upon his family and the public. Somehow or other he wandered into the clinic of this institution. A physician who examined him became interested in his case and recommended an operation. It was performed and after the regulation period in rest and darkness, the old man emerged and could see.

While I was here today he got permission to go home, and I do not believe I ever saw a happier, more delighted man.

Much work in the way of repair has been done during the summer.

The outside woodwork has been painted. A new roof has been put on a portion of the buildings. New preparations are making for the complete repainting of the interior, beginning in the kitchen.

A new range has been installed here.

Separation between the sexes on the upper floors of the hospital section has been improved and made more thorough.

The beds throughout have been repainted. I found all of them in good condition.

The requests for appropriations for the next biennium will be about the same as those made two years ago.

There will be an item of \$18,000 for the two years for the salaries of more assistant physicians. A number of these assistants are now on regular salary, and it is proposed to place eighteen more there.

Under this system, very much better work can be required and better discipline maintained and the physicians feel that the small sum this appropriation permits is not too much for the time and the skill they contribute to the State.

The old, old story of unworthy people getting treatment here bobbed up again today, as I presume it does every day. That many people are treated in this institution free who are able to pay for it, is undoubtedly true. The physicians recognize it and often are reasonably sure their suspicions are well grounded, but do not feel justified in making charges.

The only way to prevent this imposition upon the generosity of the State, is to employ investigators, and this is what the State will be forced into before a great while.

## ILLINOIS INDUSTRIAL HOME FOR THE BLIND.

Illinois Industrial Home for the Blind, September 26, 1914: If this institution is to remain in its present location, the superintendent will ask the General Assembly for money with which to enlarge it, so that it may take in a portion of those seeking admission.

There is a grave question whether the home should remain in Chicago. Mr. Shultz, the superintendent, is of the opinion the location and buildings should be sold and a new site purchased in the country. There are arguments both for and against the proposition.

If the home was in the country, the blind could have better quarters; they would be safer; there would be a greater variety of occupation for them.

On the other hand, it is contended that they would not have the market for the retailing of their wares which the present location affords them. It would take them from their friends and relatives.

There are 86 in the home today. There are 100 applications for admission.

The retention of the home in this place will be followed by a request for \$100,000 with which to erect a new building for dormitory purposes.

If this capacity is furnished for additional inmates, the amount needed for ordinary running expenses will have to be increased but not for the first year of the biennium, because the new building would not be ready for occupancy before July 1, 1916.

New beds and mattresses throughout are needed and \$1,000 will be asked for this purpose. The bed frames, now in use, are many years old, very much out of date and should be discarded. The mattresses are also badly worn.

Painting the present buildings inside and out, for pointing up the brick work, for carpenter work, for oiling floors and rubber matting for stairs, etc., the sum of \$5,000 is needed.

Replacing worn out and destroyed furniture will take \$700. Shades for the dormitories will take \$300 and the care of the grounds, located in conspicuous point at the entrance to Douglas Park should have the \$200 per year asked.

Repairs and improvements in the factory building are estimated to require \$3,000. New boilers to take the place of those put in when the institution was erected, will cost \$900. Twenty-four new "winders" are needed to take the place of worn out machinery and will cost about \$500.

For the working capital fund, the superintendent will ask for an increase of several thousand dollars, with which to keep the factory in operation longer periods. This money is spent for material and the like and is returned to the treasury upon the sale of the finished product.

For the first time, probably in the history of the home, it was possible this year to run full force through the summer months. During June, July, August and September, the factory operated with its full quota of employees, in and out-mates included, and all the finished goods were disposed of at satisfactory prices. The superintendent believes that with a little extra effort, it will be possible to dispose of all the goods that can be made throughout the year.

In making this arrangement, he has under consideration some changes in the system of selling goods and paying the blind for their work, which are worthy of consideration and should be given a thorough hearing and trial.

I saw many of the inmates. As it was a nice day many of them were out. Those present were in good shape. The institution looked well. The new plumbing has been installed, so that the building is now modernly equipped in this respect.

## ILLINOIS SOLDIERS' AND SAILORS' HOME.

Illinois Soldiers' and Sailors' Home, September 29, 1914: I found this institution today on the verge of crowding—something that has not been expected. The population this winter bids fair to equal the record of the past. Today there are present 1,211 men and 257 women. A year ago on this day, there were 1,202 men and 183 women, and two years ago on the

corresponding day, 1,161 men and 153 women. Men and women are arriving every day and many letters of information respecting admission are received in every mail.

The health of the population is very good and has been for several months. Notwithstanding the very warm, dry summer, there was little sickness. The hospital today contained a comparatively small number of bed patients. It was in very good condition in every way. Very little more can be done to improve it without the expenditure of considerable money for repairs and improvements such as I have mentioned in other reports. I still think they should be made.

The improvements in the "annex" are nearly completed. This building will be very attractive when it is again ready for occupancy. The porches have been rebuilt, because much of the wood work had rotted away. The interior walls have been painted. New plumbing has been installed and many details of convenience and comfort have been given attention.

The general kitchen was very clean. The range has worn out and is not in use. So far no arrangements have been made to secure a new one. The superintendent believes that an oven would be sufficient for the purposes. At present meats are being roasted in the oven in the bakery which is very unsatisfactory because it is located a floor below the kitchen.

The painting of the interior of "Number Twenty," one of the large cottages for married couples has been finished, and the building is very pleasing to the eye.

During the summer months the exterior wood work of many of the cottages has been painted. New floors and banisters have been built on the porches of these cottages.

For the future, the superintendent is recommending the appropriation of money with which to erect a building for the demented members of the home, some 60 in number. At present these are housed on the ground floor of the general hospital, in quarters that have been severely criticised by a number of visitors, and which are admitted to be unsatisfactory, but owing to the crowded condition of the cottages, at present these men cannot be moved.

It is better to keep these old men here. The government allows the State \$100 per year per member. If they were transferred to a hospital for the insane, this source of income would cease.

An appropriation should be made for a tile floor in the butchershop and for other improvements that are needed to make it a more sightly and sanitary place. The present floor is broken and cracked concrete, very old and grease soaked.

John Yount, the Spanish-American War veteran., whose charges of mistreatment, caused an investigation to be made early in August, left the institution a few days before my arrival. He went away of his own accord. He insisted that the solarium to which he had been assigned should belong to him and a fellow veteran of the Spanish-American War. He complained that other patients coughed and disturbed their rest. Another complaint was, that he was served too much food. He asked for his discharge voluntarily and departed for champaign county.

#### CERTIFIED ORPHANAGES.

Certificate expires one year from date given. Corrected September 30, 1914.

1. Amanda Smith Industrial School for Girls, North Harvey, May 6, 1914. President, J. A. Burhans, 25 North Dearborn Street, Chicago.

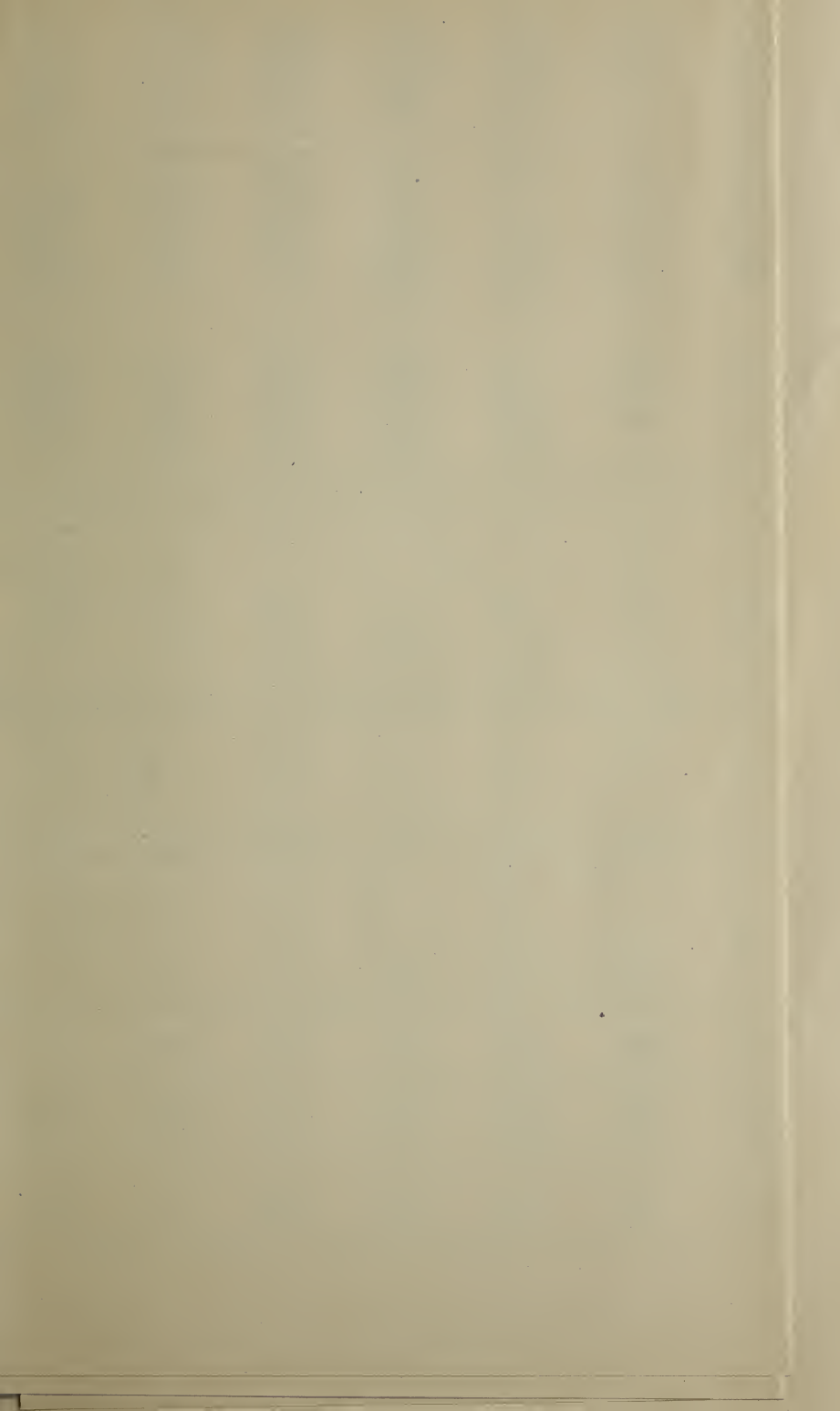
2. Anna B. Millikin Home, Decatur, June 10, 1914. Superintendent, Miss Alice Caldwell.

3. Associated Home, a Home for Dependent Girls, 227 South Cherry Street, Galesburg, January 15, 1914. Superintendent, Miss Clara D. Hallock.

4. Bethany Protective Association, Rock Island, June 10, 1914. Matron, Mrs. Naomi Littig.

5. Bethel Home for Convalescent Women and Children, 522 East Thirty-third Place, Chicago, March 12, 1914. Superintendent, Mrs. W. A. Barron.





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## STATE OF ILLINOIS--BOARD OF ADMINISTRATION. FINANCIAL STATEMENT OF THE FISCAL SUPERVISOR FOR THE QUARTER ENDING SEPTEMBER 30, 1944.

[illegible]<sup>a</sup> Miscellaneous collections of ARMS State Hospital excluded





6. Beulah Home and Maternity Hospital of Chicago, 2142-2148 North Clark Street, Chicago, February 5, 1914. Assistant Superintendent, Mr. O. H. Richards.
7. Board of Trustees, Southern Illinois Conference of the Methodist Episcopal Church, Creal Springs, February 10, 1914. Superintendent, Rev. Dan'l W. Hopkins.
8. Bohemian Industrial School for Girls, 5061 North Crawford Avenue, Chicago, January 2, 1914. Superintendent, Otto F. Dusek.
9. Bohemian Training School for Boys, 5061 North Crawford Avenue, Chicago, January 2, 1914. Superintendent, Otto F. Dusek.
10. Catherine Kasper Industrial School for Girls, Chicago, June 13, 1914. Superintendent, Sister M. Bertina.
11. Catholic Home Finding Association of Illinois, 116 Michigan Avenue, Chicago, April 2, 1914. Secretary, William J. Clark.
12. Central Baptist Children's Home, Maywood, August 3, 1914. Superintendent, H. N. McGillivray.
13. Chicago Foundlings' Home, 15 South Wood Street, Chicago, February 11, 1914. Superintendent, Miss Frances C. Shipman.
14. Chicago Industrial Home for Children, Woodstock, August 3, 1914. Superintendent, Rev. W. P. Ferries, 1132 Washington Boulevard, Chicago.
15. Chicago Industrial School, DesPlaines, August 3, 1914. Secretary, Mrs. D. F. Brenner, Jr., 5009 Greenwood Avenue, Chicago.
16. Chicago Inner Mission Society of the Evangelical Lutheran Church, 127 North Dearborn Street, Chicago, February 10, 1914. President, J. N. Brandette.
17. Chicago Orphan Asylum, 5120 South Park Avenue, Chicago, February 18, 1914. Superintendent, Mrs. C. H. Stocking.
18. \*Chicago Home for Girls, 5024 Indiana Avenue, Chicago, August 3, 1914. Superintendent, Miss Helen Stevens.
19. Children's Home of Rockford, Rockford, February 27, 1914. President, Mrs. Sarah Joslin.
20. Cook County Kinderheim, 1305-6 North Rockwell Street, Chicago, October 31, 1914. Superintendent, Rev. A. F. Schlecte.
21. Coulter House Home for Girls, 2119 Calumet Avenue, Chicago, February 20, 1914. Superintendent, Miss Kate J. Adams.
22. Country Home of Convalescent Children, West Chicago, April 22, 1914. Superintendent, Miss Elizabeth Worden.
23. Danish Lutheran Orphan Home of the Danish Lutheran Church Educational Association, 3320 Evergreen Avenue, Chicago, August 8, 1914. Matron, Mrs. A. Hansen.
24. Deutscher Evangelischer Weisenhaus und Altenheim—Verein von Nord—Illinois, Bensenville, August 3, 1914. Superintendent, Rev. Valentin Crusius.
25. Edgar County Children's Home, Paris, July 18, 1914. Superintendent, Mrs. Margaret R. Wickers.
26. Elgin Children's Home Association, Elgin, January 15, 1914. Matron, Mrs. MaBell M. Wells.
27. Evangelical Lutheran Home Finding Society of Illinois, 3422 Hirsch Street, Chicago, February 20, 1914. President, Rev. G. A. Gullixon, 2219 North Avenue, Chicago.
28. Evangelical Lutheran Kinderfreund Society of Illinois, Peoria, August 3, 1914. Superintendent, Rev. F. Zagel.
29. Florence Crittenton Anchorage, 2615 Indiana Avenue, Chicago, February 20, 1914. Secretary, Miss Matilda E. Kline.
30. Florence Crittenton Peoria Home, Peoria, July 18, 1914. Superintendent, Miss Martha Cobb.
31. Francis Juvenile Home Association, 3929 Indiana Avenue, Chicago, August 15, 1914. President, Dr. Clara P. Geipple, 32 North State Street, Chicago.
32. Galesburg and Knox County Free Kindergarten Association, Galesburg, May 4, 1914. Superintendent, Miss Jean Walker.

\*Formerly Chicago Refuge for Girls.

33. German Evangelical Lutheran Orphans' Home Association, Addison, February 5, 1914. Superintendent, H. Merz.
34. Girls' Industrial Home of McLean County, Bloomington, June 13, 1914. Superintendent, Mrs. Martha Slaten.
35. Glenwood Manual Training School, Glenwood, September 16, 1914. Leo A. Phillips, Superintendent.
36. Guardian Angel Home (Third Order of St. Francis), 117 Buel Avenue, Joliet, February 21, 1914. Superintendent, Sister M. Clementine Koch.
37. Home of the Good Shepherd, Peoria, April 16, 1914. Superintendent, Mother Mary of St. Roberta.
38. Home of the Good Shepherd for Colored Girls, 4900 Prairie Avenue, Chicago, December 16, 1913. Superintendent, Anna Fitzpatrick.
39. House of the Good Shepherd, Grace and Racine Streets, Chicago, August 15, 1914. President, Mother Mary of St. Charles.
40. Hudelson Baptist Orphanage, Irvington, April 6, 1914. Rev. Alfred C. Kelley.
41. Illinois Children's Home and Aid Society, 209 South State Street, Chicago, Republic Building, May 25, 1914. Superintendent, Wilfred S. Reynolds.
42. Illinois Technical School for Colored Girls, 4900 Prairie Avenue, Chicago, December 16, 1913. Superintendent, Anna Fitzpatrick.
43. Italian Ladies' Charitable Association, 533 Milwaukee Avenue, Chicago, January 21, 1914. President, Miss Rosamond Libonato.
44. Jewish Home Finding Society of Chicago, 720 West Twelfth Street, Chicago, April 13, 1914. Superintendent, Mrs. Jennie Mandel.
45. Ketteler Manual Training School for Boys, Chicago, June 13, 1914. Superintendent, Sister M. Bertina.
46. Life Boat Rescue Home, Hinsdale, January 21, 1914. President, Dr. David Paulson.
47. Lincoln Colored Home, Springfield, June 30, 1914. Superintendent, Miss Eva Monroe.
48. Lisle Industrial School for Girls, Lisle, June 13, 1914. Superintendent, Rev. Procop Menzil.
49. Lisle Manual Training School for Boys, Lisle, June 13, 1914. Superintendent, Rev. Procop Menzil.
50. Louise Training School for Colored Boys, 6130 South Ada Street, Chicago, June 28, 1914. Superintendent, Mrs. Elizabeth McDonald.
51. McDonough County Orphanage, Macomb, August 8, 1914. President, Dr. D. S. Adams; Matron, Josie M. Westfall.
52. Mason Deaconess Home and Baby Fold, Normal, January 31, 1914. Superintendent, Mrs. T. W. Asher.
53. Methodist Deaconess Orphanage, Lake Bluff, August 3, 1914. Superintendent, Miss Lucy J. Judson.
54. Mt. Carmel Faith Missionary Training Home and Orphanage of the Brethern in Christ, Morrison, December 1, 1914.
55. Norwegian Lutheran Children's Home Society, Edison Park, June 9, 1914. President, Rev. Lars Harrisonville, 1406 North Washtenaw Avenue, Chicago.
56. Orphanage of the Holy Child, 107 East Lawrence Avenue, Springfield, August 3, 1914. House Mother, Sister Geraldine.
57. Orphan Asylum for Southern Illinois at Cairo, Cairo, June 30, 1914. Secretary, Mrs. J. J. Rendelman.
58. Orphans' Home and Farm School of the Scandinavian Lutheran Augustana Synod, Andover, June 30, 1914. Superintendent, Deaconess Ingeborg Carlberg.
59. Orphans' Home Association of the South Illinois District of the German Evangelical Synod of North America, Hoyleton, April 8, 1914. Superintendent, J. H. Koenig.
60. Park Ridge School for Girls, Park Ridge, August 3, 1914. Superintendent, Mrs. B. T. Gould.
61. Polish Manual Training School for Boys, Niles; Post-office, Edison Park, September 16, 1914. Rev. Father Francis S. Rusch, Superintendent.



62. Protectorate, Catholic Women's League, 7 West Madison Street, Chicago, February 20, 1914. Superintendent, Mrs. Leonora Z. Meder.
63. St. Hedwig's Industrial School for Girls, Niles; Post-office, Edison Park, September 16, 1914. Rev. Francis S. Rusch, Superintendent.
64. St. John's Catholic Orphanage of the Belleville Diocese, Belleville, Ill., December 19, 1913. Superintendent, Rev. Edward S. Mitsch.
65. St. Mary's Industrial School of Metamora, Metamora, January 21, 1914. Superintendent, Sister Teresa.
66. St. Mary's Training School, Feehanville, August 3, 1914. Superintendent, Rev. Jas. M. Doran; Manager, Sister Mary Geraldine.
67. St. Vincent's Industrial School for Girls, Freeport, August 25, 1914. Superintendent, Rt. Rev. P. J. Muldoon, Rockford, Ill.
68. St. Vincent's Infant Asylum, 721 North LaSalle Street, Chicago, August 3, 1914. Secretary, Sister Regina.
69. St. Vincent's Training School for Boys, Freeport, August 25, 1914. Superintendent, Rt. Rev. P. J. Muldoon, Rockford, Ill.
70. Salem Orphanage, Flanagan, July 30, 1914. President, Rev. Benjamin Rupp.
71. Salvation Army Rescue and Maternity Home, 1332 North LaSalle Street, Chicago, June 1, 1914. Staff Captain, Anna L. Hanstein.
72. Springfield Home for Friendless, Springfield, August 3, 1914. Secretary, Miss Mary R. Hudson. Superintendent, Susie D. Trotter.
73. Springfield Redemption Home, Eleventh and Jackson streets, Springfield, August 6, 1914. Manager, Mrs. W. H. Hunt.
74. Swedish Lutheran Orphanage and Salem Home for Aged, Joliet, February 5, 1914. Superintendent, Rev. A. W. Stark.
75. Vermilion County Children's Home, Danville, June 30, 1914. Matron, Viola Slusser.
76. White Hall Orphans' Home Society, White Hall, January 16, 1914. Superintendent, W. J. Roberts.
77. Winnebago Farm School, Rockford, February 5, 1914. Superintendent, Adelaide Mutimer.
78. Woman's Christian Home Mission (Home for the Friendless), Peoria, November 8, 1913. Secretary, Mrs. Isabella C. Ayres.
79. Woman's Home Missionary Society of the Illinois Conference of the Methodist Episcopal Church, (Cunningham Children's Home), Urbana, September 18, 1914. Superintendent, Rev. X. M. Fowler.
80. Woodland Home for Orphans and Friendless, Quincy, February 5, 1914. President, Mrs. J. W. Gardner.
81. Working Boy's Home, 1040 West Jackson Boulevard, Chicago, February 5, 1914. Superintendent, Rev. Fr. Quill.

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## OLD PEOPLE'S HOMES IN ILLINOIS.

### CHICAGO, ILLINOIS.

American Home for Aged Ladies, 4522 North Robey Street, Chicago. Mrs. Mary Mann, Superintendent. At present this is run as a private institution.

Augustana Home for the Aged, 7544 Stoney Island Avenue, Chicago. Rev. G. K. Clark, Superintendent, 11310 Forest Avenue; home for aged men and women; age limit, 65 years; compensation, \$500 if they have it.

Bethany Home of the Swedish Methodist Church, 5015 North Paulina Street, Chicago. Gustaf Dahl, Superintendent; home for care of old people; no age limit; no specific compensation; inmates leave what they have to the home.

Bohemian Old People's Home, 5061 North Fortieth Avenue, Chicago. Otto F. Dusck, Manager; age limit, 60 years; no fixed compensation; some donate savings to the home.

Church Home for Aged Persons, 4323-4329 Ellis Avenue, Chicago. Miss Helen M. Rathbone, Superintendent; home for care of aged persons; age limit, 70 years; compensation, \$500 for life.

Franciscan Sisters of St. Kunegunda, 2649 North Hamlin Avenue, Chicago. Sister Mary Vincenta, Superintendent; age limit varies; no compensation.

Home for Aged and Infirm Colored People, 510 West Garfield Boulevard, Chicago. Geo. M. Turner, Secretary, Station M, Chicago P.O.; age limit, 50 years; compensation, \$100.

Home for Aged Jews, 6140 Drexel Avenue, Chicago. Simon Strauss, Superintendent; age limit, 60 years for women; 65 years for men; compensation, \$300.

Home for Aged, Little Sisters of the Poor, Fullerton and Sheffield Avenues, Chicago. Sister Germaine, Provincial; home for care of aged poor; age limit, 60 years; no compensation.

Hungarian Women's Home, 640 Garfield Avenue, Chicago. Mrs. Valeria Zaborszky, Superintendent; home for care of Hungarian girls and women; age limit varies; no compensation.

James C. King Home for Old Men, 360 East Garfield Boulevard, Chicago. H. S. Moore, Superintendent; age limit, 68 years; compensation, \$500.

Methodist Episcopal Old People's Home, 1415-1417 Foster Avenue, Chicago. Isabelle C. Reeves, Superintendent; age limit, 65 years; compensation, \$300 if possible.

Old People's Home of the City of Chicago, 4724 Vincennes Avenue, Chicago. Mrs. Natalie R. Duff, Superintendent; home for care of old and indigent women; age limit, 60 years; compensation, \$300 when able to pay.

Presbyterian Home for the Aged, 668 Garden Street, Chicago. Norman B. Barr, Superintendent; no age limit; no fixed compensation.

Swedish Covenant Hospital and Home of Mercy, 2739 West Foster Avenue, Chicago. Rev. Albin Johnson, Superintendent; no age limit; no fixed compensation.

Western German Baptist Old People's Home Society, 1837 North Spaulding Avenue, Chicago. Hugo Schmidt, Superintendent; age limit, 60 years; no fixed compensation.

#### COOK COUNTY (OUTSIDE OF CHICAGO).

Evangelical Lutheran Old Folks' Home Association of Chicago, Arlington Heights. Chas. Stier, Superintendent; age limit, 60 years; compensation—60 to 70 years, \$500; 70 to 80 years, \$400; 80 years and over, \$300.

Swedish Baptist Home for the Aged, 11400 Crescent Avenue, Morgan Park. O. Ellison, Superintendent; age limit, 60 years; compensation—60 years, \$300; 65 years, \$250; 70 years, \$200; 75 years and over, \$150.

Danish Old People's Home, 6809 Walnut Street, Norwood Park. Thorward Nilsen, Superintendent; age limit, 60 years; compensation, \$300.

Norwegian Old People's Home Society of Chicago, Avondale and Cuyler Avenues, Norwood Park. Mrs. Anna Christensen, Superintendent; age limit, 60 years; compensation, \$300.

#### ADAMS COUNTY.

Anna Brown Home for Aged, 1507 North Fifth Street, Quincy. Miss Lide R. Henry, Superintendent; age limit, 60 years; compensation, \$500.

The Old People's Home of the St. Louis German Conference of the M. E. Church, 418 Washington Street, Quincy. Wm. Balcke, Superintendent; age limit, 60 years; compensation, \$300.

St. Vincent Home, 1350 North Tenth Street, Quincy. Address superintendent; age limit, 50 years; no fixed compensation.

#### BOND COUNTY.

The Eleanor Smith Memorial Deaconess and Old People's Methodist Home, Smithboro. For age limit and compensation apply to superintendent.

#### BUREAU COUNTY.

Adeline E. Prouty, Old Ladies' Home, Princeton. For rules governing admission apply to Mabel S. Priestly, Trustee, Princeton.

Mercy Home and Hospital, Ohio. Conducted by the Sisters of Mercy; Sister M. Francis, Superior; no fixed age limit; compensation, \$20 per month.

## CARROLL COUNTY.

Caroline Marks' Home, Mt. Carroll. Fred S. Smith, Trustee; home for aged women; age limit, 50 years; no compensation.

## CHAMPAIGN COUNTY.

The Garwood Home, North First Street, Champaign. W. H. Johnson, Superintendent; home for aged and infirm women; age limit, 50 years; compensation varies.

## COLES COUNTY.

I. O. O. F. Old Folks' Home, Mattoon. Joseph T. Nesth, Superintendent; home for aged and indigent members I. O. O. F. and wives; no age limit; no compensation.

## DEKALB COUNTY.

Ellwood Old People's Home, DeKalb. This home has 20 acres of land and endowment fund of \$100,000, donated by Isaac L. Ellwood; will probably be constructed within a short time.

## DUPAGE COUNTY.

German Evangelical Old People's Home, Bensenville. Ferdinand Brauer, Superintendent; age limit, 60 years; compensation—60 to 70 years, \$500; 70 to 75 years, \$400; 75 years and over, \$300; charity cases also admitted.

## KANE COUNTY.

Old Ladies' Home, Aurora, 421 South Fifth Street, Aurora. Margaret Wright Long, Superintendent; age limit, 65 years; compensation—65 to 70 years, \$500; 70 years or over, \$300.

Old People's Home, Elgin. D. E. Wood, Superintendent; age limit varies, compensation, \$500.

## KNOX COUNTY.

Knoxville Old Ladies' Home, Knoxville. Mrs. L. H. Isham, Matron; age limit, 65 years; compensation, \$300.

## MCHENRY COUNTY.

Old People's Rest Home, Woodstock. J. D. Kelsey, Superintendent; age limit, 65 years; compensation varies.

## MCLEAN COUNTY.

The Jessamine Withers Home and S. Noble King Endowment, 305 West Locust Street, Bloomington. Mrs. Bertha Williams, Superintendent; age limit, 60 years; compensation, \$400 entrance fee. Must be in good health. The home admits women only.

## MACON COUNTY.

Anna B. Millikin Home, 200 North Oakland Avenue, Decatur. Miss Alice Caldwell, Superintendent; no age limit; compensation varies.

Pythian Home of Illinois, Decatur. Rev. Thornton Clark, Superintendent; no age limit; no compensation.

Eastern Star and Masonic Home, Macon, Ill. Miss Lola Rickard, Superintendent; for old ladies, members of the Eastern Star, and the dependent wives, widows, daughters and sisters of Master Masons.

## MACOUPIN COUNTY.

Old People's and Orphans' Home of the Church of the Brethern of the Southern District of Illinois, Girard. M. Smeltzer, Superintendent; no age limit; no fixed compensation.

## MADISON COUNTY.

Alton Woman's Home, 2224 State Street, Alton. Mrs. A. R. Root, President; age limit, 60 years; compensation—60 to 70 years, \$500; 70 to 80 years, \$400; over 80 years, \$300.

Nazareth Home, Alton. Mother Paulina, Superintendent, no age limit; compensation varies.



St. Joseph's Hospital and Home for the Aged, Highland. Address superintendent; hospital for care of sick and home for the aged; no age limit; compensation varies.

#### MORGAN COUNTY.

Christian Home for the Aged (Auxiliary to the National Benevolent Association of Christian Churches), Jacksonville. S. Thornbury, Superintendent; age limit, 70 years; compensation varies.

#### MOULTRIE COUNTY.

Evans Home, Sullivan. Home for aged women in process of organization; probably ready for inmates January 1, 1914. Address Irving Shuman, Fairview Stock Farm, Sullivan, Ill.

Illinois Masonic Home, Sullivan. Geo. W. Pumphrey, Superintendent; home for indigent Masons, their wives, widows and orphans; no age limit; no compensation.

#### OGLE COUNTY.

Old People's and Orphans' Home, Mt. Morris. M. E. Book, Superintendent; no age limit; no compensation.

#### PEORIA COUNTY.

John C. Proctor Endowment, Spring and Glendale Avenues, Peoria. Miss Eleanor J. Coolidge, Superintendent; age limit, 55 years; compensation varies.

Mrs. Mary M. Hotchkiss Geyer Memorial Home for Aged People, Knoxville and Armstrong Avenues, Peoria. Mrs. M. L. Waters, Matron; age limit, 65 years; compensation, \$500.

St. Joseph's Home, 405 Smith Street, Peoria. Address superintendent; age limit, 65 years; no fixed compensation.

#### ST. CLAIR COUNTY.

St. Vincent's Old People's Home, Second and Race Streets, Belleville. Ven. Sister M. Lydia, Superior; no age limit; no fixed compensation.

#### SANGAMON COUNTY.

Carrie Post King's Daughters Home for Aged Women, 541 Black Avenue, Springfield. Mrs. C. M. Meets, Matron; age limit, 60 years; compensation varies.

Lincoln Colored Home, 427 South Twelfth Street, Springfield. Miss Eva Monroe, Superintendent; age limit, 63 years; compensation varies.

St. Joseph's Home for the Aged, 801 South Sixth Street, Springfield. Sister M. Philomena, Superintendent; age limit, 60 years; no fixed compensation.

#### WILL COUNTY.

Swedish Evangelical Lutheran Salem Home for the Aged, Joliet. Rev. A. W. Stark, Superintendent; age limit, 60 years; compensation, \$500.

#### WINNEBAGO COUNTY.

Jennie Snow Home, 525 Kent Street, Rockford. Miss C. A. Slade, Secretary; home for care of old ladies; age limit, 50 years; compensation, \$200; inmates also leave what property they may have to the home.

Winnebago County Home for the Aged, 408 North Horsman Street, Rockford. Mrs. Mary White, Matron; age limit, 60 years; compensation, \$300.

#### STATE HOMES.

Illinois Soldiers' and Sailors' Home, Quincy. John E. Andrew, Superintendent.

Soldiers' Widows' Home of Illinois, Wilmington. Flo Jamison Miller, Superintendent.

#### NATIONAL.

National Soldiers' Home, Danville. Address superintendent.

Compiled by the Department Visitation of Children.

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DECEMBER 31, 1915

# THE INSTITUTION QUARTERLY

An Official Organ of the Public  
Charity Service of Illinois

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## THE PUBLISHERS:

The State Board of Administration

The State Charities Commission

The State Psychopathic Institute

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## THE STAFF:

A. L. BOWEN, Executive Secretary, State Charities Commission,  
Springfield, Illinois

FRED J. KERN, President, State Board of Administration,  
Springfield, Illinois

DR. H. DOUGLAS SINGER, Director, State Psychopathic Institute,  
Kankakee, Illinois



THE PLATFORM OF PRINCIPLES OF  
ILLINOIS' CHARITY LAW.

"To provide humane and scientific treatment and care and the highest attainable degree of individual development for the dependent wards of the State;

"To provide for delinquents such wise conditions of modern education and training as will restore the largest possible portion of them to useful citizenship;

"To promote the study of the causes of dependency and delinquency and mental, moral and physical defects, with a view to cure and ultimate prevention;

"To secure the highest attainable degree of economy in the business administration of the State institutions consistent with the objects above enumerated, and this Act, which shall be known as the code of charities of the State of Illinois, shall be liberally construed to these ends."

## ILLINOIS STATE CHARITIES ORGANIZATION.

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### BOARD OF ADMINISTRATION.

Office: Springfield.

Fred J. Kern, President,  
Belleville.

James Hyland, Secretary,  
Chicago.

Frank D. Whipp, Fiscal Supervisor,  
Springfield.

Dr. George A. Zeller, Alienist,  
Peoria.

Thomas O'Connor,  
Peoria.

### STATE CHARITIES COMMISSION.

Office: Springfield.

Dr. Edward H. Ochsner, President,  
Chicago.

Dr. Emil G. Hirsch,  
Chicago.

Dr. Anna Dwyer,  
Chicago.

Albert Huber,  
Rock Island.

John B. Harris,  
Champaign.

### STATE PSYCHOPATHIC INSTITUTE.

Dr. H. Douglas Singer, Director, Kankakee.

Dr. Charles Ricksher, Clinical Pathologist,  
Kankakee.

W. B. Quantz, Ph. D., Biological Chemist,  
Kankakee.

Dr. S. N. Clark, Physician.

K. M. Manougian, Pathologist.

### SUPERINTENDENTS OF INSTITUTIONS.

The Elgin State Hospital, Elgin—Dr. H. J. Gahagan.

The Kankakee State Hospital, Kankakee—Dr. P. M. Kelly.

The Jacksonville State Hospital, Jacksonville—Dr. E. L. Hill.

The Anna State Hospital, Anna—Dr. R. A. Goodner.

The Watertown State Hospital, Watertown—Dr. J. A. Campbell.

The Peoria State Hospital, Peoria—Dr. R. T. Hinton.

The Chester State Hospital, Chester—Dr. J. L. Herrell.

Chicago State Hospital—Dr. George Leininger.

The Lincoln State School and Colony, Lincoln—Dr. Thomas H. Leonard.

The Illinois Industrial Colony for Improvable Epileptics, Dixon—No superintendent.

The Illinois School for the Deaf, Jacksonville—Mr. C. P. Gillett.

The Illinois School for the Blind, Jacksonville—Mr. H. C. Montgomery.

The Illinois Industrial Home for the Blind, Chicago—Mr. Wm. F. Shultz.

The Illinois Soldiers' and Sailors' Home, Quincy—Mr. John E. Andrew.

The Soldiers' Widows' Home of Illinois, Wilmington—Mrs. Nettie McFarland McGowan.

The Illinois Soldiers' Orphans' Home, Normal—Mrs. William H. Claggett.

The Illinois Charitable Eye and Ear Infirmary, Chicago—Dr. James O'Connor.

The State Training School for Girls, Geneva—Mrs. Carrie O'Connor.

The St. Charles School for Boys, St. Charles—Mr. G. Charles Griffiths.

The Alton State Hospital, Alton—No superintendent.

## CONTRIBUTORS TO THE QUARTERLY.

### ON THE RELATION BETWEEN EDUCATION AND PHILANTHROPY.

Edmund J. James, President of the University of Illinois.

### ON THE STATE'S WORK AMONG THE INSANE.

Dr. Ralph T. Hinton, Superintendent Peoria State Hospital.  
Dr. P. M. Kelly, Superintendent Kankakee State Hospital.  
Dr. H. J. Gahagan, Superintendent Peoria State Hospital.  
Dr. J. A. Campbell, Superintendent Watertown State Hospital.  
Dr. R. A. Goodner, Superintendent Anna State Hospital.  
Dr. E. L. Hill, Superintendent Jacksonville State Hospital.  
Dr. J. L. Herrell, Superintendent Chester State Hospital.

### ON CHILDREN.

Miss Julia C. Lathrop, Director National Children's Bureau, Washington, D. C.

Dr. Thomas A. Woodruff, Chicago; Mr. H. C. Montgomery, Jacksonville, Superintendent State School for the Blind; and Dr. William H. Wilder, Chicago: Blindness, its prevention and the care and training of the young blind.

Mr. C. P. Gillett, Jacksonville, Superintendent State School for the Deaf; and Dr. George E. Shambaugh, Chicago: The education and care of the deaf.

Dr. Thomas H. Leonard, Superintendent of the Lincoln State School and Colony: The feeble-minded.

Mr. Sherman C. Kingsley, Chicago, director of the Elizabeth J. McCormick foundation: The normal but dependent child.

Dr. Henry Helmholtz, Chicago: Infant welfare and infant mortality.

Dr. Caroline Hedger, Chicago: Infant welfare and infant mortality.

G. Charles Griffiths, Superintendent of the St. Charles School for Boys. The delinquent boy.

Dr. W. H. C. Smith, Godfrey: The epileptic child.

Mrs. Carrie O'Connor, Superintendent of the State Training School, Geneva: The delinquent girl.

Mr. H. L. Harley, State Psychologist at the Lincoln State School and Colony, and Dr. William Healy, Psychologist of the Chicago Juvenile Court: The subnormal and the retarded child and the application of tests of mentality in the schools.

### ON GENERAL PHILANTHROPY AND SOCIOLOGY.

Prof. Edward C. Hayes, head of the Department of Sociology of the University of Illinois: Sociology.

Dr. Graham Taylor, Chicago Commons: General philanthropy.

William C. Graves, Superintendent of the Illinois Reformatory at Pontiac; Michael Zimmer, Warden Joliet Prison, and H. V. Choisser, Warden Chester Prison: Correction.

Dr. George T. Palmer, Springfield: Public health, housing and anti-tuberculosis.

Mr. Frank E. Wing, Superintendent of the Chicago Municipal Tuberculosis Sanatorium: Anti-tuberculosis.

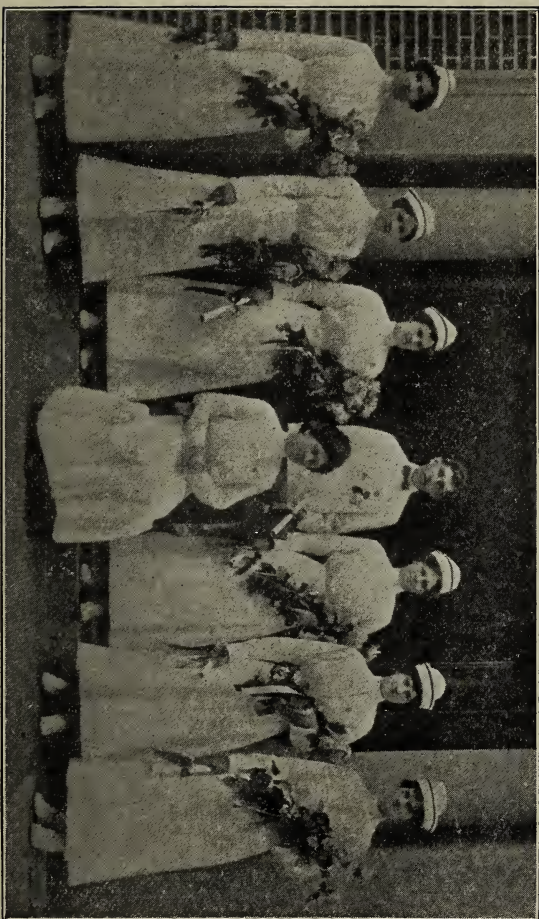
Dr. Theodore B. Sachs, Chicago, Secretary of the Municipal Tuberculosis Sanitarium: Anti-tuberculosis.

Miss Elnora E. Thomson, Chicago, Secretary of the Illinois Mental Hygiene Society; Mental hygiene and social service among the insane.

Sidney A. Teller, Chicago, Director of Recreation, Stanford Park, Chicago; Recreation and Social Centers.



1915 GRADUATING CLASS, ANNA STATE HOSPITAL.



Sitting—Miss Elizabeth Donovan, Chief Nurse.

From left to right—Miss Laura Webb; Mrs. Beatrice Carille; Miss Ora Sullivan;  
Mr. George B. Tate; Miss Dona Cruse; Miss Bertha Thornton; Miss Lona Rainier.



## SUMMARY.

The official census of the State Charitable Institutions show 22,029 present December 1, 1915, an increase of 1,801 since October 1, 1914.

"Is the Mothers' Pension Failing?" This is the subject of the first article in this number of the Institution Quarterly. The question is raised when the average allowances to the various counties during 1914 are considered. It becomes apparent that the mothers' pension is in fact being used as a new name for the old method of dispensing public charity.

The Bureau of Public Welfare of Cook County submits a detailed study of 287 boys in the Cook County jail. This article is a noteworthy contribution to current literature on the subjects of the jail and petty offenders.

The Quarterly takes pleasure in reproducing, with some comment, a portion of the last biennial report of the State Psychopathic Institute;—a chapter dealing with reeducational experiments with untidy patients.

The history of a celebrated patient at the Elgin State Hospital furnishes material for the student of mental phenomena and the reader of human interest narrative. This patient was a paretic, the course of whose disease lingered for four years.

The insane population of New York state, by recent census, is given at 36,240, showing an overcrowding in the state hospitals of 23.4 per cent.

The municipalities of Illinois now have no legitimate excuse for a garbage problem. A recent act of the Legislature makes it possible for each municipality to take care of its garbage.

Peoria County has set the State a good example in promptness and efficiency in dealing with its jail problem. In less than a year following the publication of the State Charities Commission's report on the old jail, the foundation for the new has been laid. Some of the features of the new jail are outlined.

The State Board of Administration has stopped the old practice of State charitable institutions soliciting from the general public for Christmas festivities for patients.

The National Conference of Charities will meet in Indianapolis May 10-17. A plea is made for Illinois to send a liberal delegation.

The effect of legislative junkets upon the charitable institutions is considered, as a result of public criticism of this custom on account of its cost. We believe that the effect upon patients and inmates is bad.

Wabash County builds a new almshouse with "cells for incorrigibles."

Local conferences of social welfare, it is noted throughout the State, are becoming more numerous.



Good news comes from Rock Island County to the effect that it has abandoned the per diem system of feeding its prisoners.

Louis N. Robinson, professor of economics at Swarthmore College, says that the State should be the custodian of jail prisoners.

Homer Folks says that the need of the day is the reeducation of the public as to insanity and the insane.

The Illinois Board of Administration issues an order prohibiting corporal punishment in private children's institutions to which it issues licenses.

Are the sane detained in insane hospitals? The question raised by State's Attorney Hoyne, of Cook County, is answered in the negative.

The superintendents of the State hospitals of Illinois attend a two weeks' course in psychiatry at the State Psychopathic Institute.

The superintendents of the State charitable institutions form an organization.

Richland County builds a new courthouse, introducing a number of modern ideas contributing to the social needs of the community, thereby making it, in fact, a social center.

An account of the automatic wage increase system which has been put into effect in the Illinois charitable institutions.

The Board of Administration authorizes one day of rest in seven for all employees in charitable institutions.

Amos W. Butler, secretary of Indianapolis Board of State Charities, voices opposition to the erection of more hospitals for the insane.

The report of the probation officer of Kankakee County demonstrates the value of this humane legislation.

The bit of fiction which had become incorporated in the history of the Kankakee State Hospital is eliminated when it becomes known that Mrs. Healy, wife of the celebrated artist, was never a patient in that institution.

Miss Annie Hinrichsen reports conditions in several almshouses and jails, seeing Chicago's city jails from a new angle.

A school teacher, after four years in one of the Illinois State hospitals, writes her impressions.

The golf course for patients at the Elgin State Hospital proves successful.

A description of Wabash County's new county home, by its architect, Harry E. Boyle, of Evansville, Indiana.

After visiting a number of eastern institutions, Dr. H. J. Gahagan, superintendent of Elgin State Hospital, writes his impressions of them, particularly as to the employment of patients in profitable pursuits.

Mr. Bowen, executive secretary of the State Charities Commission, submits reports of inspections of State institutions.

Among the scientific papers are the following:

A Plea for Simplified Laboratory Reports for Hospitals, by Dr. H. T. Child, Kankakee State Hospital.

Insanity in Near Relatives, by Dr. S. N. Clark of the State Psychopathic Institute.

Preliminary Report on Bladder Findings in Paresis, by Dr. H. L. Krafft, of the Peoria State Hospital.

Employment of the Insane, by Dr. Thomas F. Neil, of Watertown State Hospital.

The use of Mercurialized Serum in General Paralysis, by Dr. P. S. Winner, of Watertown State Hospital.

Educational Treatment of the Feeble-minded, by Dr. K. H. Elting, of the Lincoln State School and Colony.

A Diphtheria Epidemic in a State Hospital, by Dr. Victor Bles, Elgin State Hospital.

Human Inbreeding, by Dr. C. B. Caldwell, of Lincoln State School and Colony.

A report of Twelve Cases of Cerebral Syphilis at Watertown State Hospital, by Dr. W. A. Ford, of Watertown State Hospital.

The Wassermann Reaction on the Feeble-minded, by Dr. H. J. Freemmel of the Lincoln State School and Colony.

Practical Observations in Lumbar Puncture in 200 cases, by Dr. Edward T. Strickler, of the Jacksonville State Hospital.

The Constitutional Inferior Individual and the Public; by Dr. C. C. Atherton, of Watertown State Hospital.

The volume closes with the financial statement of the State Charities Commission, the financial statement of the State Charitable institutions and a list of certified orphanages and old people's homes.

## OFFICIAL CENSUS OF ILLINOIS CHARITABLE INSTITUTIONS.

Showing the increase of the resident population of the State charitable institutions of Illinois from October 1, 1914, to December 1915:

Institution.	1914.	1915.	Increase.
Elgin State Hospital.....	1,786	2,024	238
Kankakee State Hospital.....	3,121	3,217	96
Jacksonville' State Hospital.....	1,746	2,169	423
Anna State Hospital.....	1,709	1,820	111
Watertown State Hospital.....	1,502	1,548	46
Peoria State Hospital.....	2,181	2,160	.....
Chester State Hospital.....	223	217	.....
Chicago State Hospital.....	2,759	3,011	252
Alton State Hospital.....	.....	39	39
Lincoln School and Colony.....	1,598	1,836	238
State School for Deaf.....	379	397	18
State School for Blind.....	184	185	1
Industrial Home for Blind.....	105	90	.....
Soldiers' & Sailors' Home.....	1,467	1,540	73
Soldiers' Widows' Home.....	89	105	16
Soldiers' Orphans' Home.....	366	467	101
Charitable Eye and Ear Infirmary.....	173	239	66
Training School for Girls.....	292	348	56
St. Charles School for Boys.....	548	617	69
<b>Totals .....</b>	<b>20,228</b>	<b>22,029</b>	<b>1,843</b>
 Deduct decreases: Peoria .....		21	
Chester .....		6	
Industrial Blind .....		15.....	42
 Total net increase resident population.....			1,801

## IS THE MOTHERS' PENSION FAILING?

As more complete information comes to hand concerning the practical operations of the so-called mothers' pension law, one begins to despair that a beautiful and humane theory and spirit, embodied in cold, legal phrases has failed of its purpose.

It is difficult to get all the information, necessary to an impartial and fair judgment but a glance over the average allowances, made in the various counties, is sufficient to prove that its administrators fall far short in appreciating the purpose and intent of the statute.

Cook County in 1914 paid an average of \$290 per family which included the heavy administrative cost in Chicago. The general State average per family was \$217.50. But notice how the counties discriminated—McLean County, the richest agricultural county in the State, with one large city in which there is little pauperism, raised \$12,500 for mothers' pensions and paid an average of \$329 per family to the thirty-eight families aided. This



county stands highest in amount raised and average allowance, a fact which demonstrates that it understood best and tried hardest to meet the spirit of the law.

Kankakee reports \$4,000 and thirteen families, an average of \$307.50; Christian County \$5,000; and twenty-nine families, an average of \$173; Bureau County \$3,000 and twenty-four families, an average of \$215; Peoria County \$7,595 and thirty-five families, an average of \$217; Coles County \$3,500 and twenty families, an average of \$175; St. Clair County \$10,000 and 163 families, an average of \$61.35; Madison County, adjoining \$8,525 and 101 families, an average of \$84.40; Edgar County \$4,500 and twenty-three families, an average of \$196; Edwards County \$650 and three families, or \$216.66 per family; Effingham County \$2,500 and eleven families, an average of \$227; La Salle County \$5,000 and twenty-one families or an average of \$238 per family.

It is possible that in some of these cases all of the fund set aside was not expended and due allowance must be made for this fact. But how can any one account for the wide variety of standards of living in these various counties? The family, according to reports, averages about the same in all these counties.

Consider some of the contrasts; Peoria County with greater population than McLean and a much larger city in which, it will be conceded, there is more pauperism proportionately, provides \$7,595 for this purpose and gives aid to thirty-five families, an average of \$217; St. Clair County, the largest in the State, except Cook, provides \$10,000 for 162 families, an average of \$61.35, while Madison just north, with much the same class of population, but more agriculture and smaller cities finds \$8,525 for 101 families, an average of \$84.40.

The object of the mothers' pension act is to keep the mother at home, so that she may bring up her children under her own direction and watchfulness, but will any one hazard the opinion that the mother who receives \$61.35 per year in East St. Louis, or \$84.40 in Alton or \$217 in Peoria is enabled thereby to refrain from work and duties which must necessarily take her from her family and her home. These are the very type of community, the congested, conglomerate city, where the need for the mother to remain at the home is the greatest, yet the pension for her is the least.

The purely rural counties do very much better for their dependent mothers. Rents and living are low; there are not the city temptations and hazards for the child; the amount allowed, larger than in the cities, will go further towards keeping the family intact, but in East St. Louis, Peoria or Alton, rents are high, forcing the mother and her little family into undesirable neighborhoods where she has no opportunity to raise a garden. The allowance falls far short and she must go out to work which means she goes a long way from home, and her children are under no supervision, or poor supervision, much of the time, except as there may be private organizations to assume care of them during her absence. The averages in these counties are small but in fact they are even less because there must be some deductions on account of the cost of administration.

In other words, it is fair to assume from what we know and what we deduce from these figures that in many counties the mothers' pension law has made little or no difference in the methods and systems of relieving the poor. It is the same old thing with a different title.

But there are other discouraging features in the situation.

The law is mandatory that the county board shall levy a tax not exceeding three-tenths of a mill, and yet we find, from the reports of ninety-seven county clerks, who answered the Charities Commission's schedule, that only thirty counties made a specific levy, according to the terms of the law.

Forty-one counties made an appropriation from their county funds to be used in paying the so-called pension, but we have no data by which we can know how or in what spirit any of this money was expended and the probability is that in many of them these funds are distributed under the old overseer of the poor methods and systems.

Twenty-six replied that either nothing was done under the law, or that there was no need for it, or that relief was applied in the old way by overseers of the poor.

Five counties failed to reply to the Commission's request for information.

The seventy-one counties which either made a levy under the terms of the act, or made an appropriation of funds for the operation of the law, expended a total of \$303,500 of which Cook County's share was \$110,000. The total number of families aided was 1,395, or an average of \$217.56. The total beneficiaries were 4,288 or an average of 3 1/12 to the family and the average payment to beneficiaries was \$70.77 or \$5.89 per month.

The report for Cook County shows the average number of families per month to have been 346 and the average number of children 1,124, the average cost per child per month \$7.44. If the number of families, 346, representing, of course, only the one parent, were added to the number of children, 1,124, the total beneficiaries would be 1,470 and the average cost per beneficiary would be less than \$7.44 or in the neighborhood of the average for the whole State, \$5.89. The cost of administration is included in the cost per child and is probably heavier in Cook County than in the average down-state counties.

Our report for the year 1913, the first of the operation of this law, showed that sixty-three of ninety-nine counties reporting failed or refused to make a specific levy. In 1914 sixty-seven counties failed to make a specific levy, but sixty-three of the counties either made a specific levy or made an appropriation of funds in 1913; in 1914, seventy-one counties made a specific levy or an appropriation so that there is an improvement in this respect.

The total amount expended in 1913 was \$259,255 against \$305,500 in 1914, an increase, therefore, of \$46,245.

But these figures after all, we must admit, tell us very little. We do not know how much was absorbed in any county by the expense of administration, or how thorough the administration was, or by what means and methods.

We can readily see that the administration is not uniform. In some counties it is manifestly very efficient and very economical and in others very loose and very wasteful.

Until Illinois has a law like Indiana's which compels complete monthly reports of all relief from every overseer of the poor or county court, we can not hope to know very much about the real inside of the Funds to Parents Act in its relation to general distress.

Following is a table showing what each county in Illinois did in 1914 in enforcing or respecting the mothers' pension law:

ILLINOIS MOTHERS' PENSIONS 1914.

County.	Per cent tax levy.	Amount collected.	If no tax made, amount appropriated by County Board.	Number of families aided.	Total number of beneficiaries.
Adams.....	.....	.....	\$3,050 00	15	54
Alexander.....	2 cts.	\$1,115 30	.....	2	8
Bond.....	.....	1,000 00	.....	7	21
Boone (not respecting the law)	.....	.....	.....	.....	.....
Brown (not respecting the law).	.....	.....	.....	.....	.....
Bureau.....	.....	.....	3,000 00	24	74
Calhoun (not respecting the law).	.....	.....	.....	.....	.....
Carroll (no report).	.....	.....	.....	.....	.....
Cass.....	.....	260 00	.....	.....	2
Champaign (not respecting the law).	.....	.....	.....	.....	.....
Christian.....	.....	.....	5,000 00	29	136
Clark (not respecting the law).	.....	.....	.....	.....	.....
Clay.....	.03 of M.	1,433 45	.....	7	19
Clinton.....	3 cts. on \$100	1,945 00	.....	11	34
Coles.....	3 mills	3,500 00	.....	20	57
Cook.....	.....	.....	110,000 00	346	1124
Crawford.....	.0064	500 00	.....	.....	9
Cumberland (not respecting the law).	.....	.....	.....	.....	.....
Dekalb.....	.....	5,000 00	.....	30	67

## ILLINOIS MOTHERS' PENSIONS 1914—Continued.

County.	Per cent tax levy.	Amounts collected.	If no tax made. amount appropri- ated by County Board.	Number of families aided.	Total num- ber of bene- fici- aries.
Dewitt (not respecting the law).					
Douglas.....		3,000 00		9	27
Dupage.....			1,000 00	1	3
Edgar.....			4,500 00	23	56
Edwards.....		650 00		3	8
Effingham.....			2,500 00	11	30
Fayette.....			1,000 00	16	53
Ford (not respecting the law).					
Franklin.....	3 cts. on \$100	1,852 74		18	50
Fulton.....	.0277 on \$100	5,000 00		40	98
Gallatin (law not respected).					
Greene (law not respected).					
Grundy.....			1,500 00	9	31
Hamilton (law not respected).					
Hancock (law not respected).					
Hardin (law not reported).					
Henderson.....			330 00		2
Henry.....			1,000 00	5	18
Iroquois.....			1,500 00	9	39
Jackson (no report).					
Jasper.....			1,000 00	3	6
Jefferson.....			1,000 00	10	22
Jersey.....	.03 on \$100				6
Jo Daviess.....			800 00		3
Johnson.....			500 00	6	22
Kane.....	.002	7,424 04		30	87
Kankakee.....			4,000 00	13	64
Kendall.....			500 00	4	13
Knox.....		2,000 00		16	45
Lake (law not respected).					
La Salle.....			5,000 00	21	52
Lawrence (law not respected).					
Lee.....			2,500 00	11	34
Livingston.....			2,000 00	1	6
Logan.....			2,500 00	14	58
Macon.....			3,000 00	19	44
Macoupin.....		2,000 00		19	
Madison.....	.003	8,525 21		101	
Marion.....			6,550 00	7	23
Marshall (law not respected).					
Mason.....			1,200 00	2	11
Massac.....			500 00	1	6
McDonough.....			4,300 00	7	18
McHenry.....			1,200 00	6	15
McLean.....	.03 on \$100	12,500 00		38	132
Menard.....		800 00		1	5
Mercer (no report).					
Monroe (law not respected).					
Montgomery (no report).					
Morgan.....			1,000 00	4	10
Moultrie.....			1,000 00	4	11
Ogle.....			2,000 00	21	68
Peoria.....	.02 on 100	7,595 00		35	129
Perry.....	.02½	1,000 00		8	22
Piatt (no report).					
Pike (law not respected).					
Pope (law not respected).					
Pulaski.....			750 00	9	27
Putnam.....		400 00			
Randolph (law not respected).					
Richland (law not respected).					
Rock Island.....	.03	6,000 00		26	61
Saline.....	.03	1,513 45		10	40
Sangamon (see report).	.02	8,000 00			
Schuyler.....		1,770 00			
Scott (law not respected).					
Shelby.....			1,000 00	4	17
Stark.....			1,000 00	3	5
St. Clair.....	.03	10,000 00		163	658
Stephenson.....			200 00		2
Tazewell (law not respected).					
Union.....	.03	1,413 43		13	34
Vermilion.....			3,000 00	25	80
Wabash.....			500 00	4	11



## ILLINOIS MOTHERS' PENSIONS 1914—Concluded.

County.	Per cent tax levy.	Amounts collected.	If no tax made amount appropri- ated by County Board.	Number of families aided.	Total number of bene- fici- aries.
Warren .....	.....	.....	1,000.00	.....	11
Washington (law not respected).					
Wayne (law not respected).					
White .....	.....	.....	2,000 00	2	8
Whiteside .....	.....	.....	1,000 00	4	12
Will .....	.....	.....	10,000 00	46	211
Williamson.....	.03	2,967 86	.....	29	70
Winnebago .....	.02	8,958 71	.....	39	109
Woodford (law not reported.).					

† This estimate of number beneficiaries is based on a monthly average during 1913, taken from the Comptroller's report.

†† Pending none allowed to date.

NOTE—The explanation note "Law Not Respected" means that the county does not follow the direction of the Mothers' Pension Act, but affords relief under the old methods of doling out small orders by township overseers. It was to remove this pauperizing spirit that the Mothers' Pension Act was devised, but many counties, it is evident, care only to follow their own plans.

## A STUDY OF 287 BOYS IN THE COOK COUNTY JAIL.

[Investigation Made Under the Direction of the Cook County Bureau of Public Welfare, Amelia Sears, Director.]

In May, 1914, Cook county incorporated as a branch of its charity service, social service work with prisoners in the county jail—young men between the ages of 17 and 21. The need of this work was originally recognized by the Juvenile Protective Association. During the last three years that organization, in conjunction with a committee of the Chicago Woman's Club, had supplied workers for this service.

### JAIL CONDITIONS.

Each boy between the ages of 17 and 21 as he comes into the jail is met by the representative of the Bureau of Public Welfare. These boys are incarcerated, charged with all the crimes from larceny to murder—innocent sometimes, but more often guilty; some from excellent homes but usually the victims of bad environment.

Since the juvenile court law has taken all boys under the age of 17 years from jails and police stations and has been demonstrating what can be done with these young people by definite construction work, our attention has been turned to the juvenile adult, still in the adolescent period—"the boy who is too old for the Juvenile Court but not old enough to vote and therefore not old enough to be measured by the same standards as those we apply to an adult."

It is but fifteen years since minors under the age of ten years who violated the law, were treated in the same way as adults; arrested, thrown into prison with hardened criminals and left there to await trial. It is necessary to look as far back as this to realize the great progress that has been made in the humane, sane and scientific treatment of those charged with criminal offenses.

There has been an effort in the housing and handling of the boys in the jail, to keep pace with the progressive methods of procedure in the courts. They are separated from the older criminals as far as possible, celled by themselves, and during the recreation periods, are taken to a room entirely apart where they are taught common school branches. An instructor is retained for this purpose the year around. Unfortunately,

actual instruction has been suspended for several months owing to the crowded conditions of the jail. This seems all the more a pity since we occasionally find a real desire on the part of the boys to take advantage of the opportunity. Nor is there any useful occupation for the boys while they are awaiting trial. There is no gymnastic apparatus for their use and no available outdoor space for exercise. They cultivate the habit of idleness, spending their time playing cards and chewing tobacco. This latter habit is formed by many boys while in the jail as they are not allowed to smoke and, in consequence, the floor of the schoolroom where they congregate two hours in the morning and two hours in the afternoon, is very dirty—making this, their only place for recreation, a possible breeding place for disease.

It is this schoolroom that the boy is interviewed by a welfare worker and the statements he makes are either verified or disproved by subsequent information.

The result of the investigation is placed in the hands of the judge so that when the case comes to trial, he does not merely see a frightened defendant before him with the crime looming large, but he has information in regard to the boy's habits, his health, his occupation, his family, his general environment, that will aid the judge in deciding what treatment will be most potent for his ultimate welfare.

### INJUSTICE AND EXPLOITATION.

Boys awaiting trial are constantly solicited by attorneys who are eager to handle their cases. The defense of this practice is that a lawyer can not be barred from interviewing his own clients. They are not forced, however, to show any evidence that they are seeking interviews with clients alone. The boys, glad to talk with anyone from the outside, become the easy prey of the shyster lawyer who makes them feel they will get the worst end of the bargain if they do not secure the services of some one who knows the "ropes" characterizing himself as the "old war horse" or, the one who will "put them on the street."

These lawyers and bondmen await the arrival of friends and relatives of prisoners in the entrance to the jail and engage in conversation with them. By appearing to show interest and sympathy, they get at the financial situation in the family which aids them in determining whether the case is worth going after or not. One of these attorneys suggested to the widowed mother of a young prisoner that she sell her furniture in order to pay him—this the boy resented, and withdrew the case from his hands. Another prisoner interviewed by three lawyers at the jail paid two of them \$10 each, and the third, \$15; but as he saw they took no further interest in him, he induced friends on the outside to secure an attorney who defended him at the time of his trial.

We are forced at every point to realize that the man in jail is at a constant disadvantage in addition to his physical discomfort. Unless he has some one to take care of his interests, he may remain in jail for three or four months (see table No. 8). If a lawyer is appointed by the State, he frequently takes no interest in the case, delays interviewing his client and perhaps fails to be in court at the time of trial. Two cases have come to our attention where three lawyers were appointed for each defendant before the cases were finally disposed of. Fortunately, this injustice to the young offender is fast disappearing. The Committee on Poor Persons Accused of Crime of the Chicago Bar Association, has placed a list of attorneys willing to serve once or twice a year, in the hands of the judges and also stand ready to supply attorneys on the request of the Bureau of Public Welfare. During the last year attorneys were thus supplied when needed. That committee is engaged at present, in conjunction with the Bureau of Public Welfare, in an effort to devise plans which will curtail these practices.

A request for a speedy trial, which is the best immediate service that we can render, carries with it the danger of a severe sentence, since the crime is fresh in the minds of the witnesses and their desire for punishment is still keen.

On the other hand—the man who is able to secure expert legal counsel and to furnish bonds can in many ways protect his own future. Witnesses are sometimes “reached”; or, if the case is allowed to drag on, they may leave the city. Should neither of these things occur, there is nevertheless, the inevitable result that time dulls the memory of the crime and the defendant is consequently dealt with more leniently. During all this time he enjoys the comforts of a free man. There are usually about 250 prisoners under indictment awaiting trial in the county jail, and it has been the problem of the criminal court judges to give these men as speedy a hearing as possible; but if we look at the docket of the criminal court clerk, we find there about 1,550 untried cases—in most instances, the defendants out on bond.

Two boys were arrested February, 1914, on a charge of burglary, both equally guilty; one was discharged at the preliminary hearing. The bondsman who claimed to have “fixed” the case, offered to do the same for the other boy but his mother refused. When the case was reviewed by the grand jury, both boys were indicted but the one who had previously been released was not apprehended when the case came to trial. When these facts were brought to the attention of the judge by the Bureau of Public Welfare, he ordered that the boy be brought into court “if it took the whole police department to do it.” It was not long before he was booked at the jail but he was almost immediately released on bond and the case has not yet been heard. This was some six months ago.

Another injustice to the boy forced to await trial in the jail, is that he must submit to the “mugging” and finger-printing process when held to the grand jury, even though he may ultimately be found not guilty. This—the person out on bond escapes. Inquiry was made at the Identification Bureau as to whether pictures of the following classes of boys were destroyed:

1. Boys transferred to the juvenile court.
2. Boys “not billed” by the grand jury.
3. Boys found not guilty in the criminal court.

The answer was that all such pictures were destroyed; later this was modified by the statement that pictures were turned over to these boys, if they called for them. Considering their average low mentality and their extreme youth, it is improbable that many would have the initiative to do this—even if they knew it to be their privilege.

#### SOME TYPES OF CASES HELD TO GRAND JURY.

The Juvenile Protective Association, as a result of its work in the jail with the juvenile adult, found that about 50 per cent of the cases held to the grand jury, could have been settled in the Municipal Court, had the judges at the preliminary hearings been possessed of such facts as a thorough investigation would reveal. This result has been at least approximated by the establishment of the boys' court. From March to July, 1914, 56.2 per cent of the felony charges brought before it were disposed of in that court, 43.8 per cent being held to the grand jury.

Between May 1 and December 1, 1914, about 300 of these grand jury cases have been reviewed by the Bureau of Public Welfare from the Boys' Court as referred cases—besides those that have come from the coroner and other Municipal Courts and the justice courts of the county. Two hundred and seventy of the cases have received intensive investigation and the results submitted to the court.

In spite of these improved conditions, boys are many times held for offenses which are technically felonies, but might to the advantage of the whole social fabric, have been disposed of in the court of preliminary hearing. As an illustration:

“An 18-year-old boy broke into a freight car and took two packages of raisins. He had just completed a trip by freight from Pennsylvania where he had lost his job as mule driver because the mine had closed down. Strange and hungry, while still in the freight yard, he took the raisins.”



This case was held over to the grand jury and the boy was indicted and tried in the criminal court. Through the efforts of the welfare worker, he was returned to his home in Pennsylvania.

A parallel case is that of three young boys who stole 18 pigeons. Only one boy was arrested. He was given a hearing in the Municipal Court and held to the grand jury, but was discharged by that body after being confined in the county jail for four weeks.

"A feeble-minded 17-year-old boy was held to the grand jury on a charge of grand larceny—(the theft of a bicycle); was indicted and brought to trial at which time the value of the stolen property was found to be less than \$15, making the offense a misdemeanor instead of a felony."

The above case should have been disposed of at the preliminary hearing. The boy, however, remained in the county jail nearly seven weeks before the mistake was discovered.

We are beginning to realize the value of specialized courts. Since the boys' court with its jurisdiction over violators of city ordinances and those charged with misdemeanors, has so amply justified the existence, the logical extension of the principle would be the establishment of a special court for boys charged with felonies.

#### NEED OF PSYCHOPATHIC LABORATORY.

The psychopathic laboratory, in connection with the boys' court, has proved invaluable in helping to determine the causes of delinquency. There is no provision made for such work in the jail, nor a physician to make examinations, nor any suitable place for such examinations to be conducted. Recently, a psychologist volunteered to make a mental examination of a boy; but, on reaching the jail found there was no quiet, secluded place where the examination could be conducted and in justice to the boy, the effort was abandoned.

#### NECESSITY OF FOLLOW-UP WORK.

Important as our services are to the boys in the court, it is of greater moment that we follow them to their homes and inaugurate some form of aftercare work with them.

The significance of aftercare work is recognized by the State Legislature in its enactment of probation laws. Of the 287 boys considered, only 50 were placed on probation; those, therefore, receiving the benefit of care under the Adult Probation Law. Seventy-six were released, either "not billed by the grand jury" or "found not guilty." These seventy-six boys who had been in sufficiently bad company; or, suspicious surroundings to be picked up, or who, while possibly guilty, were released on technicalities, are just as much in need of kindly oversight and just as likely to profit by it as the boys placed on probation. The need is great of volunteer workers to contribute time and effort to see that every one of these boys is encouraged to leave all criminal associates and join the ranks of working men.

The value of this follow-up work is indicated in the following story: "C. K., an 18-year-old boy, because he resented his father's reprimanding him for late hours, left his comfortable home. He came to Chicago, fell in with bad companions and was soon arrested on two charges of burglary to which he pleaded guilty. In the jail, he contracted scarlet fever from his cell mate and while he was in the hospital, convalescing, attracted the attention of a visitor who consulted with the Bureau of Public Welfare worker. As a result when the boy was released on probation, this friendly visitor offered to take the boy into her own home. After a visit to the family, however, she felt that the estrangement of the father no longer existed and that the boy's own home was the proper place for him. She has continued her interest in him—he is a frequent visitor to her home and only a month ago she sent a most excellent report concerning his progress."

In another instance, the judge wished to put on probation a young Polish boy but did not feel justified in doing this unless a home and work could be provided. The welfare worker through the cooperation of a young

attorney, secured a place for him with the proprietor of a furniture house who also gave him a home.

### SOCIETY'S RESPONSIBILITY.

Investigations of home and environment and family of these boys frequently revealed extenuating circumstances, pathetic situations or limitations in their lives; and frequently also revealed society's failure to properly safeguard its young people.

One of the most striking illustrations of this is the part the railroad plays in the forming of criminals. This particular form of criminality is unknown in England and on the continent where the railroad yards and right of way are absolutely guarded and to trespass on "the line" is an unheard of offense. The elevating of the railroads inside of the city limits and the adequate patrolling of them is as fruitful in preventing crimes as in preventing injury and death. About 12 per cent of the 287 boys dealt with had beaten their way into Chicago.

The ease with which young boys travel from place to place either "by freight" or "blind baggage" or "hitting the rods" is illustrated by the following incidents:

"On October 16, 1914, Joseph Conway, age 17, motherless and fatherless arrived in Chicago from Philadelphia by "blind baggage." On the 21st, he was accused of burglarizing a residence and held to the grand jury. The interview in the jail revealed all his previous statements to be false. He was not Joseph Conway, but Joseph K.; he was not 17 years of age, but 14; his mother and father were not dead as stated, but living in a suburb of Philadelphia. A letter from his mother containing a copy of his baptismal record and expressing gratitude at the interest taken in her boy, corroborated these last statements and made possible his immediate removal from the county jail to the Juvenile Detention Home."

"On November 20, 1914, Christ R., alias Fred W., was held to the grand jury for burglary. His story was that in company with "Zeke," who told him Chicago was a fine place to find work, he came to Chicago from Louisville Ky., on the Monon "by freight" on the 15th. Zeke deserted him when they reached South Chicago. A Polish boy let him sleep in his attic and later in company with a third boy, he stole a bicycle and was arrested.

"Christ gave his mother's name and address but begged she should not be told he was arrested for burglary. The mother, a washerwoman in Louisville, Ky., eagerly paid the money for his fare home and said he had been a good boy except when he was eight years old he took to playing truant and they placed him in the Juvenile Home just to "scare him up." Just before he left home, she was worried because he held back some of his wages and she heard he was "shooting craps." She asked that he be put on probation to some good officer and hoped he had learned a lesson."

Society's failure, also, to provide the proper place for the care and control of the mentally defective is responsible for a great part of the unsatisfactory and abortive police, judiciary and correctional effort. The following quotation from an editorial in one of the city daily papers shows the growing popular recognition of this fact:

"Judge Dever further pointed out that Pontiac was only a makeshift and that society had provided no proper place for morons or other mental defectives who are degrees below normal without being idiots or insane persons.

"This means that as a matter of fact there is neither law nor local habitation for a class of delinquents and defectives that is known to science to be quite large. And not to science alone. Sheriffs, wardens, keepers and prison commissioners who are innocent of the least claim to psychological authority, know from direct and abundant experience and say very frankly that many of their prisoners, adult and other, are mentally defective though not 'insane' in a medical sense."

Added to his other defects the Italian boy described below was found to be the type referred to and for a lack of a proper institution for his permanent care will continue to burden courts and jails, schools and reforma-

tories as in the past to their detriment and no permanent place for himself:

"September 23, 1914, James S., an Italian boy, deaf and crippled, left leg amputated above the knee, was tried in the Criminal Court on a burglary charge. The boy had been in schools for the deaf since he was seven years old. The superintendent of the Jacksonville school reports:

"This boy was admitted to this school, November 16, 1910. He was a troublesome, wayward boy. He ran off two or three times. Last year he turned up late at night November 21, but remained only eight days. I had gone to my room and was preparing to retire for the night when the watchman brought him to my room, but I did not recognize him, he was so black and grimy as a result of beating his way on a freight train. I called one of the caretakers who took him and gave him a bath before he assigned him to a bed. The next day we gave him an outfit of clean clothes. With this on his back and having had a good turkey dinner on Thanksgiving Day, he thought he had enough of good things and skipped out. In my opinion, he is a hopeless case; his influence here was far from helpful to our boys. When he first came to school in 1910, he was not crippled. He was injured in Chicago "hopping trains.""

When the case came to trial, the sister requested that he be sent "some place where he could learn a trade." As there was no institution designed for this type of boy, he was sent to Pontiac. Mr. Graves, superintendent of the State Reformatory, protested that he did not have the proper means of giving the boy what he needed. The Welfare Bureau sent him the following information:

"—The family is south Italian, very poor and ignorant. The mother really seems subnormal. The stepfather apparently does not get along with his four stepsons. There are several little children and the whole family is huddled together in dark, damp quarters for which they pay \$7.50 a month. James is the only deaf mute in the family which complicates matters considerably as far as their sympathy with him is concerned. They make no pretense of keeping him at home. They say he sleeps around under sidewalks and in hallways. He is the dupe of a bad gang of boys and he always gets caught, his mother says 'because he can't hear them call "jiggers."'

The only work he could get was washing dishes at night in a neighborhood restaurant for his meals. His married sister, Mrs. Lococo, 457 W. ——— street, begged the judge to place him where he could learn a trade as they were in despair."

Superintendent Graves replied in part:

"I appreciate very much your information regarding James S., and also the interest which various people in Chicago are taking in assisting me to carry out the plans I have adopted in running this institution. Heretofore, not enough personal work was done or personal interest taken in the case of each young man. It is impossible for the superintendent to do this work alone without the assistance of the various organizations of the State.

"It seems under the statements you make and that of Superintendent Gilette, that there was no alternative in this case. It is going to be a difficult matter for us to handle this situation, but we shall give it our personal attention and do the best we can."

TABLE NO. 1.

Some of the facts gathered concerning these boys are presented in the following table: \*

Nationality.	Number of boys.	Nationality.	Number of boys.	Nationality.	Number of boys.
American .....	59	Austrian .....	5	French .....	1
German .....	52	Bohemian .....	4	Greek .....	1
Rish .....	49	Hollanders .....	4	Hungarian .....	1
Polish .....	49	Swedes .....	3	Scotch .....	1
Italian .....	27	Canadian .....	2	Syrian .....	1
Negro .....	14	Danes .....	2		
English .....	5	Bulgarian .....	1		
Norwegian .....	5	Finn .....	1		
					287



TABLE NO. 2.

## NATIONALITY OF BOYS IN ORDER OF POPULATION.

Population Figures as Shown in This Statement Are Taken from the 1913 Report of the Coroner of Cook County, Illinois.

Nationality.	Population.	Number of boys.	Nationality.	Population.	Number of boys.
American	967,455	59	Canadians	30,865	2
German	300,000	52	Hungarians	27,496	1
Bohemian	250,000	4	Danish	25,000	2
English	105,000	5	Scotch	10,303	1
Polish	115,000	49	Hollanders	9,632	4
Italian	85,000	27	Greeks	6,601	1
Negro	85,000	14	Bulgarians	3,315	1
Austrian	83,201	5	French	3,030	1
Norwegian	75,000	5	Finns	2,382	1
Irish	65,922	49	Syrian	1,000	1
Swedes	63,035	3			

TABLE NO. 3.

## NATIONALITY PER 100,000 OF POPULATION.

Nationality.	Population.	No. of boys.	No. of boys per 100,000.
Syrian	1,000	1	100.
Irish	65,922	49	74.3
Polish	115,000	49	42.6
Finns	2,382	1	41.9
Hollanders	9,632	4	41.6
French	3,030	1	33.
Italian	85,000	27	31.
Bulgarian	3,315	1	30.1
Germans	300,000	52	17.3
Negro	85,000	14	16.
Greeks	6,601	1	15.1
Scotch	10,303	1	9.70
Norwegian	75,000	5	6.66
American	967,455	59	6.09
Austrian	83,201	5	6.
Swedes	63,035	3	4.75
English	105,000	5	4.7
Hungarian	83,201	1	3.63
Bohemians	250,000	4	1.6
Danish	25,000	2	.8
Canadians	30,865	2	.64

The following table is based on the preceding ones and is designed to show to what extent the number of boys of each nationality was in direct ratio to the nationality in the general population.

TABLE NO. 4.

The lines 1 to 10 indicate the ten nationalities in order of population. (See Table 2.)

Columns 1 to 10 indicate the nationalities in order of number of boys, included in the 287. (See Table 1.)

	1	2	3	4	5	6	7	8	9	10
1	AMER.									
2		GER.								
3										BOH.
4				POLISH.						
5							ENG.			
6					ITAL.					
7						NEGRO.				
8									AUSTRIAN	
9								NOR-WGN.		
10			IRISH.							

It will be noted "American" occupies space (line 1, column 1) because Americans predominate both in the population and in the number of boys in this group.

It will also be noted that, while Irish occupies line 10, as it is numerically the smallest nationality considered, it does not occupy column 10, where it logically belongs, indicating the smallest number of boys in the group, but it occupies column 3, indicating that, while the Irish nationality is numerically the smallest in population, it contributes within two of the largest number of boys in the group.

On the other hand, the Bohemians, while third in number of population (line 3) are only tenth in number of boys (column 10) in this group.

A little study will indicate that every nationality except the German and American are out of their logical order.

A comparison of this table with Table 5, based on the number of Juvenile Dependents in Chicago, shows a surprising resemblance.

TABLE NO. 5.

	1	2	3	4	5	6	7	8	9	10
1	AMER.									
2	GER.									
3							BOH.			
4				POLISH.						
5								ENG.		
6						ITAL.				
7					NEGRO.					
8									AUSTRIAN.	
9										NOR- WGN.
10			IRISH.							

A comparison of the relative positions of Bohemians in these tables indicates that the Bohemians contributed a smaller number of boys to the jail group than could have been expected, and that also they contributed a smaller number of dependent children. (See Table 5, line 3.)

A comparison of the position of English in the two tables reveals a similar situation though to a less degree. While a comparison of the position of Irish indicates that both the number of boys in the jail group and the number of dependents are strikingly larger than would be expected from the population.

The following four tables are based on one hundred selected cases:

TABLE RECORD 6.

## SCHOOL RECORD.

Age at Leaving School Together with Last Grade.

Left school at.	Age un- known.	10 Years.	11 Years.	12 Years.	13 Years.	14 Years.	15 Years.	16 Years.	17 Years.	Total.
Less than 1 yr.	2	.....	.....	.....	.....	.....	.....	.....	.....	2
First.....		.....	.....	.....	.....	.....	.....	.....	.....	.....
Second.....		.....	.....	.....	.....	.....	.....	.....	.....	.....
Third.....		1	.....	.....	.....	2	.....	.....	.....	3
Fourth.....		.....	.....	.....	2	6	2	.....	.....	10
Fifth.....		.....	.....	2	1	12	1	.....	.....	16
Sixth.....		.....	.....	.....	1	16	2	.....	.....	19
Seventh.....		.....	.....	2	.....	16	5	1	.....	24
Eighth.....		.....	.....	.....	.....	16	3	1	.....	20
1st yr. high sch.	.....	.....	.....	.....	.....	.....	.....	3	2	5
3d yr. high sch.	.....	.....	.....	.....	.....	.....	.....	.....	1	1
	2	1	.....	4	4	68	13	5	3	100

The nine boys recorded as having left school previous to 14 years of age show that:

Two are out-of-town boys.

One is mentally subnormal.

One is a colored boy brought up in an institution and released at 12 years of age.

One is a Greek boy kept out of school to help in his brother's store.

Three claim to have left school at 12 and 13 years (1 from public and 2 from a parochial school).

One is now past 21 years of age—no statement secured.

TABLE NO. 7.

## STATEMENT SHOWING VARIOUS OCCUPATIONS.

Offense.	Delivery boy.	Clerk confec- tionery store.	Factory work.	Machine hand.	Watchman.	Peddler.	Laborer.	Farming.	Telephone oper- ator.	Clerical.	Building trade.	Chaufeur.	Janitor.	Porter.	Waiter.	Cigarmaker.	Teamster.	Shoe shiner.	Butcher.	Bell boy.	Total.
Burglary.....	10	1	10	2	1	1	1	1	.....	1	.....	1	1	3	1	.....	8	1	1	.....	44
Attempted bur- glary.....	1	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	3
Robbery.....	6	.....	3	3	.....	2	1	.....	.....	1	2	.....	1	.....	.....	.....	.....	.....	.....	.....	19
Attempted robbery	.....	.....	.....	1	.....	.....	.....	.....	1	1	.....	1	.....	1	1	.....	.....	.....	.....	1	1
Larceny.....	1	.....	.....	1	.....	2	4	1	1	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	15
Con game.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	2
Embezzlement.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Forgery.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1
Arson.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Sex crimes.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	1	.....	.....	.....	4
Assault with deadly weapon.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....	3
Manslaughter.....	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2
Murder.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....	.....	.....	3
Accessory to mur- der.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Total.....	21	1	15	7	1	6	6	4	1	6	3	3	2	6	2	1	12	1	1	1	100



TABLE NO. 8.

STATEMENT SHOWING THE FINAL DISPOSITION OF 100 CASES TOGETHER WITH LENGTH OF TIME IN JAIL.

Length of time in jail.	Discharged.			Convicted.					Pending.		Total.
	No bill.	Stricken off with leave to reinstate.	Not guilty.	Penitentiary.	Pontiac.	House of Correction.	County Jail.	Probation.	Released on bail.	Transferred to Juvenile Court.	
1 week and under.....						1			7		8
1-2 weeks.....	4				1				5	1	11
2-3 weeks.....	7						1	1	3		12
3-4 weeks.....	3							2	2		7
4-5 weeks.....	4		1					1	2	1	9
5-6 weeks.....	1				2			3			5
6-7 weeks.....			2					3	1		6
7-8 weeks.....			1		3	2		4			10
8-9 weeks.....	1	1			4			3			8
9-10 weeks.....			1	1	1				1		4
10-11 weeks.....				1	1			2			4
11-12 weeks.....		1	1		5	1					8
12-13 weeks.....				1							1
13-14 weeks.....					1	1					2
14-15 weeks.....											
15-16 weeks.....					1						1
16-17 weeks.....											
17-18 weeks.....				2				1			3
18-19 weeks.....											
19-20 weeks.....											
20-21 weeks.....			1								1
Total.....	20	2	7	5	19	5	1	18	21	2	100

39% of the boys were held in jail under 1 month.

30% of the boys were held in jail 1-2 months.

24% of the boys were held in jail 2-3 months.

4% of the boys were held in jail 3-4 months.

3% of the boys were held in jail 4-5 months.

1% of the boys were held in jail over 5 months.

The case of one boy held 5 months was set for hearing several times, but the boy was a deaf mute and insisted on jury trial.

TABLE NO. 9.

Offense.	Number of first offenses.	Number having previous records.	Total number offenses.
Burglary.....	30	15	45
Attempted burglary.....	3		3
Robbery.....	15	5	20
Attempted robbery.....		1	1
Larceny.....	11	2	13
Con game.....	2		2
Embezzlement.....	1		1
Forgery.....	1		1
Arson.....	1		1
Sex crimes.....	4		4
Assault with deadly weapon.....	1	2	3
Manslaughter.....	2		2
Murder.....	1	2	3
Accessory to Murder.....	1		1
Total.....	73	27	100

Of those that were credited with previous records: One was for intoxication; one minor bringing liquor; one vagrant; one disobeying traffic signals.

Of the thirty burglaries: Eleven were "joy rides."

Of the eleven larcenies: Three were "joy rides."

## REEDUCATIONAL EXPERIMENTS WITH UNTIDY PATIENTS.

The report of the State Psychopathic Institute for the biennial period, ending October 1, 1914, has appeared in print since the last issue of the *QUARTERLY*. It is a document of 88 pages, but every line and every page shows the painstaking care and certainty of fact which are so characteristic of Dr. Singer, the director of this Institute. The work done by it during the two years assume real and formidable proportions. Considering the small staff and the very limited appropriations, it is quite remarkable how much has been accomplished, both in the theoretical and practical results.

The Institute has been active in publication. The list of papers issued is very creditable to the State hospital service. There are reports upon various lines of research prosecuted during the period.

There is one chapter to which we desire to call especial attention. It relates to the experiment in the reeducation of demented patients. This experiment has been mentioned several times in our reports of inspections of the Kankakee State Hospital, but no effort has been made to go into the details.

The results as chronicled by this report of this experiment, bear out in every particular the contention, which we as laymen, have maintained; namely, that there is little excuse for the vast amount of untidiness and destructiveness among the deteriorated classes, and that in fact, there is little excuse for the rapid and complete deterioration, which is noted, especially among the dementia praecox class.

We consider the results of this work of so great importance, that the chapter dealing with it is reproduced herewith, accompanied by the charts and illustrations contained in Dr. Singer's report.

### TEXT OF THE REPORT.

This work was done with the view of demonstrating how much can be accomplished by reeducational measures even in the most profoundly demented. In the wards for the most chronic types of cases there are always some patients who are workers and others who show a certain degree of interest whenever there is the stimulus of any unusual occurrence. Such cases were excluded in choosing the subjects for this test. The intent was to pick those who had sunk to the lowest levels.

*Case 1.*—No family history accessible. Born in Illinois in 1859, was married and had 5 children. She entered the Kankakee State Hospital in 1895 at 36 years of age; was transferred to a county poor farm in August, 1901, and readmitted in September, 1902. Her mental condition at time of parole was simply recorded as "stationary." She has been idle since 1905, except for 16 hours work during March, 1913. She has been untidy in habits and dressed by attendant for several years.

*Case 2.*—Born in 1861 in England; had a common school education and was married. She was admitted to the institution in 1890 at 29 years of age. The old records give the type as "puerperal insanity" and the number of attacks as "second." Idle, and dressed by attendants since 1905, and had been untidy in habits for probably more than seven years.

*Case 3.*—The mother was insane. Patient was born in Canada in 1857. Common school education. Married. Admitted to the Elgin State Hospital in 1883. The only record concerning the ensuing period was that "she has steadily deteriorated since." She was admitted to Kankakee in 1889 at 32 years of age. At that time, and since, she has shown many stereotyped mannerisms. Idle since 1902. Dressed by attendants since 1903. Untidy in habits for a long time before training was instituted.

*Case 4.*—Maternal cousin was insane. Patient was born in New York, 1858. Nationality given as German Jew. Common school education. Later was employed as a clerk. Married but separated. She had two children. Admitted to the hospital in 1900 at 42 years of age. Idle since 1901. Untidy in habits since 1904. Dressed by attendants since 1901.

*Case 5.*—Father intemperate. Patient born in Chicago in 1869. Married and had two children. Cause of her mental disorder given as "pregnancy."

Admitted to the hospital in 1893 at 24 years of age. Had been idle, dressed by attendants and untidy in habits since 1895.

*Case 6.*—Paternal grandfather was addicted to alcoholic excesses. A cousin epileptic. Patient born in 1860. She had two "fits" when 1½ years old and suffered from night terrors as a child. Attended school from 7 to 14 and was studious but acquired knowledge slowly. She remained single. Domestic by occupation. The date of onset of her mental disorder was given as October, 1899. Entered Kankakee in 1900 at 40 years of age. She was paroled as "improved" in 1902, the classification at that time being "terminal dementia." She was readmitted in 1907 and it was then said that she had not been entirely well mentally while at home. She had been idle for probably seven years. Dressed by attendants for several years. Untidy in habits since 1907.

The records of these cases are meager as is the rule with patients who have been in the hospital for many years. All presented a picture of marked affective deterioration.

The methods used in the efforts at reeducation were as follows:

1. Care of person. The patients were urged to dress and to care for themselves. Light dresses were obtained for them in place of the heavier denim and the hair was allowed to grow. Each was taken to the toilet at regular intervals during both day and night until she cared for herself. The cases who were untidy in habits in spite of such attention were taken to the toilet at more frequent intervals even once an hour when other efforts seemed unavailing.

At first these patients ate apart from the others but as they improved in habits, were allowed to eat at the regular table.

2. Simple conversational efforts. These consisted simply in talking to the patients as opportunities were presented.

3. Listening to music. A phonograph was played between the different exercises. At every opportunity the patients were taken to hear band concerts.

4. Playing ball. Raffia balls were tossed about. If a patient dropped the ball she was urged and encouraged to pick it up. The balls were soft so as to prevent injury and were large in order that they might be easily handled.

5. Marching to music. The patients marched around the ward in single file. This measure was found to be one of the most valuable. It was soon found that two patients excelled and could be relied upon to lead and to keep step. It is of interest to note that these were Case 4 and Case 5, two of the three most disinterested as judged by other results. One of the most important lessons learned was that all re-educational measures are not of equal value for all cases. The different individuals show special interest along certain lines, and should be encouraged to forge ahead in those directions.

6. Dancing. All joined hands and circled to the right and then to the left, following which all met in the center, spread out, circled again, to the accompaniment of music.

Each patient was danced about, i. e., she and her partner stepped about to the time of the music.

Although these measures were necessarily crude the patients showed in them at times something akin to abandon, a fact which stamps them as being of great value. It may be difficult to find a nurse who can carry out this measure, but it is probable that a search among the attendants' force, or among the patients who can be counted on to assist, will reveal some one who can direct the dancing.

7. Calisthenic exercises. These were of the most simple. A few arm and bending exercises were given. These measures seemed to be more difficult than any others and were apparently not attended by very favorable results. They were considered of less worth at this early stage than the other measures. In this connection attention may be called to the fact that it is not quite fair to gauge the worth of a measure wholly by the improvement shown in it at any given moment since, occasionally, a period of no change will be interrupted by some spontaneous evidence of awakened interest in a direction apart from the measures employed.



8. Tearing rags for carpet making. Owing to a lack of time this was not carried on for long but can be recommended as a measure in which most patients will cooperate.

9. Simple household duties such as—

(a) Polishing floors by pushing a large swab back and forth over them.

(b) Making beds.

(c) Folding clothing, etc.

Later the patients were instructed in—

10. Making reed baskets.

11. Plain sewing. Hemming washcloths and sewing squares together to make a quilt.

12. Weaving colored paper as is done in the kindergarten schools.

The additions made to the ordinary equipment were only such articles as are to be found about most insane hospitals. A list of them is not needed as a glance at the methods used will suffice to show what they were.

In the earlier stages of the training it was carried on by the physician and charge nurse alone. The latter had no training in reeducation. Later some of the more intelligent patients assisted in the work with profit to themselves as well as to the demented cases. This is in itself a valuable feature of such work.

At first no regular time was allotted to the training except for one and one-half hours a day which was spent in playing ball, marching, etc. Attention to personal needs, instruction in household duties were given by the nurses, was well as could be done, in spare minutes.

The charge nurse, Mrs. L. Bridwell, was uniformly tactful and persevering and much of the credit for the work accomplished is due to her.

Later she taught those patients who would cooperate, the paper weaving, basket making and sewing already mentioned.

The full complement of nurses for this ward was considered to be four. During the period in which this reeducation work has been carried on only three nurses were regularly assigned and although the hospital management strove, as far as possible, to maintain at least this number, there were many occasions on which there were only two on duty. This comment is made, not in any sense as a criticism but, as an emphasis upon the fact that something can be accomplished by such efforts even without extra help.

The training of Cases 1, 2, 3, and 4 was begun on April 8, 1914, and was continued for 2 weeks. From that time until June 1, it had to be abandoned, except for special attention to toilet needs, urging to dress and to assist in the housework, owing to lack of help and time. Since that date it has been carried on without interruption. Cases 5 and 6 were added to the class on July 28, as it was found that the other cases had improved to such an extent that they needed less personal attention.

It was a matter of some difficulty to devise a method whereby the results could be satisfactorily recorded, and some of the conclusions reached are necessarily personal estimates. The plan which has been followed consisted in the subdivision of the work under the following headings:—attention to dress, toilet, habits in eating, urging to start, urging to continue, housework, ball playing, marching, carpet tacking, calisthenics, spontaneous activities, general curve of mood and remarks. Marks were given daily in each of these divisions based upon a scale in which 0, represented no effort on the part of the patient, 1, ineffectual attempts, 2, efforts partly successful and 3, no supervision necessary. These were easy to award for such matters as toilet and eating and in regard to dressing the scale represented:

0. Practically no attempt to dress self.

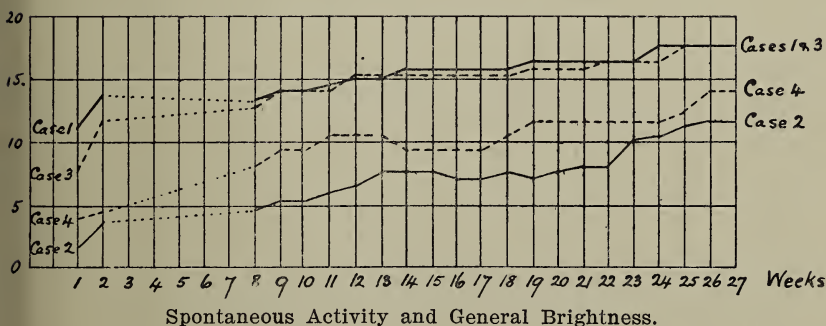
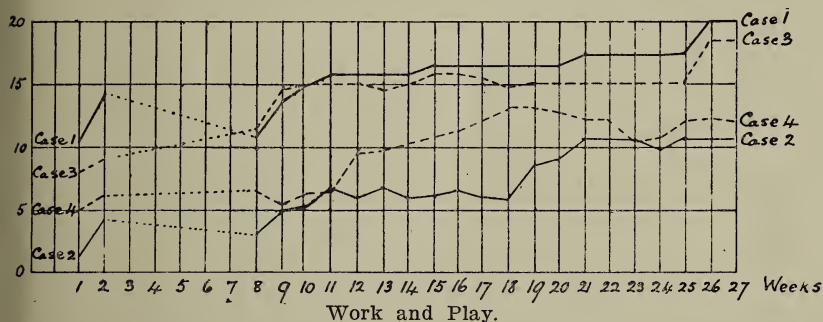
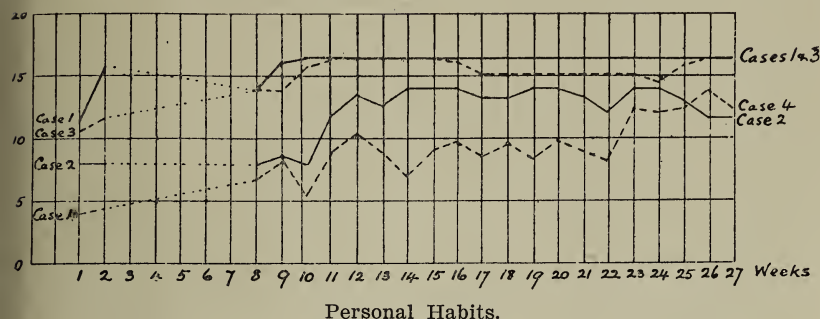
1. Aids a little but does not button dress, etc.

2. Dresses self but takes no especial care of hair, etc.

3. Dresses self and cares for hair, etc.

In all other columns the marks were estimated as far as possible to correspond with such a scale and it should be stated that in every instance the marks were always allotted upon the day in question and were never left for later estimation. A half-mark was added to the grade for the day when the patient seemed to merit a higher grade for a part of the day.

The accompanying charts, 1-4, illustrate the progress during the entire period as estimated in this way.



In these charts the horizontal distances represent weeks of training, the vertical distances the total marks given during each week divided by the number of subjects included in each of the three main subdivisions.

Chart 1 represents the change in personal habits, i. e., those of dressing, toilet and eating. According to the scheme of grading employed, the grade before training was begun would be practically zero and the beginning of the curves shown represent the total marks given during the first week of training. All had been very untidy in personal habits.

Chart 2 represents the amount accomplished in household work and the various exercises, ball playing, dancing, etc. The curves in this chart

also begin with the results of the first week's training. Before that time each patient would have been graded practically at zero.

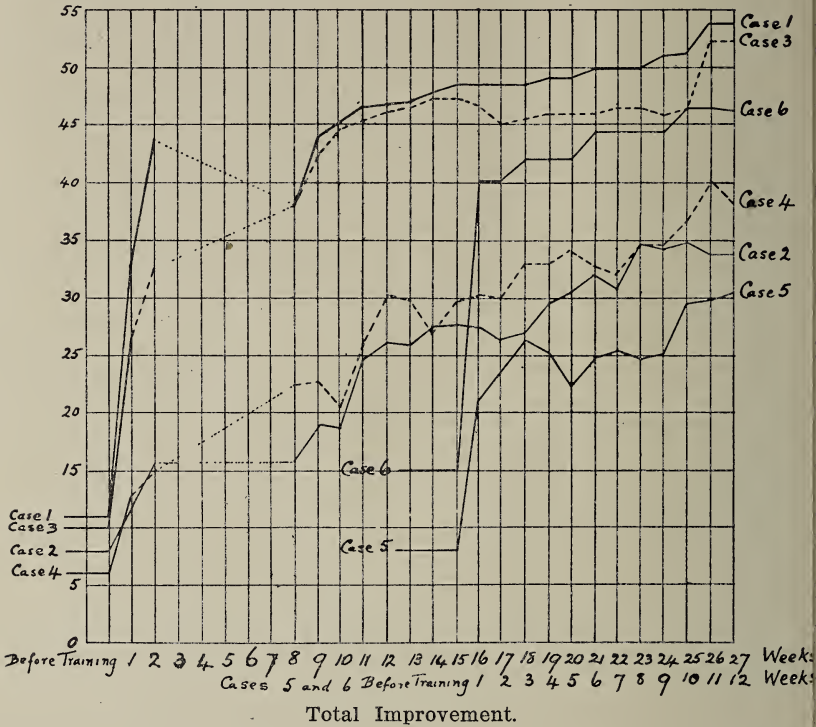


Chart 3 illustrates the degree of application shown in work and play, the special work done, such as basket making, etc., the spontaneous activities and those evidences of awakened interest shown in a brighter expression, spontaneous utterances, etc. This group was especially difficult to grade. It cannot be claimed that these curves before training would have stood at zero since there must have been some interest present before the class was organized and there may have been spontaneous activities which were unrecorded.

Chart 4 is the sum of the three earlier charts and the curves thus represent the total improvement which has taken place. The horizontal lines with which the curves start are personal estimates of the approximate grade, with the method of marking employed, at which each patient stood before the reeducational measures were begun. They are of value only as an indication of the low level from which they started and the marked change which has ensued.

From the above curves, even allowing for the natural inclination to see the best side of the picture, against which it has been necessary to guard continually, it is obvious that there has been a very marked improvement. The large initial rise is of great interest and the obvious interpretation is that many demented patients need only attention to show immediate improvement. Yet it is well to note that the rise is not limited to this early stage, but continues, even if somewhat irregularly, throughout the period of training.

Soon after the class was started, as noted above, there was a period during which the work had to be discontinued. This is represented on the charts between the second and eighth weeks. During this time some



special attention was given to toilet needs. It is interesting to note that in some instances the curve fell during this period, although some were maintained and others even continued to rise. Further prompt improvement occurred with the renewed efforts. This suggests that it is necessary to maintain the efforts at stimulation of interest or, in other words, that the work should be continuous and not spasmodic. How far it is possible to carry the improvement is, of course, not known, but these results suggest the need for a graduated system of wards to which patients could be transferred according to their needs in the way of occupation and attention.

Cases 5 and 6 were added at the beginning of the sixteenth week and curves have been given only of the total marks awarded them in Chart 4.

The fact that greater improvement may occur in some particulars than in others by one individual is well illustrated by a comparison between the curves in the first three charts. Nevertheless the relative position of each case in each of the charts remain practically the same for all. It will be noted that Case 2, who for a long time excelled Case 4 in regard to personal habits (Chart 1) was yet considerably behind Case 4 in other respects. Yet at the end of the six months Case 4 is ahead throughout.

It is possible that comparative studies made in this way may give useful information for the selection of the best mode of occupation to be followed by any individual and it unquestionably emphasizes the importance of prescribing occupation suitable to the individual instead of merely allotting him to some task which happens to need performance.

The following may be given as concrete examples of the results accomplished:

*Case 1.*—Has dressed herself without assistance since April 12. At once became tidy when taken to the toilet by the nurse and since April 18, no supervision has been necessary in this regard. Habits in eating have become better. Needs less urging to start and continue activities. Plays catch without supervision, marches and does simple calisthenic exercises fairly well.

The following notes are of interest:

April 10. Polished floor.

April 20. Seems a little brighter.

June 28. Made her own bed.

July 2. "Sewed several squares together to start a quilt."

July 16. Works faster.

August 23. Asked spontaneously for basin and soap and proceeded to wash two beds.

September 25. Finished a reed basket.

October 1. When asked if she wants to go back to the ward from which she was transferred she said, "We came over here to stay. I don't want to go back."

October 2. Began to dance spontaneously, although somewhat awkwardly and stiffly, with another patient when music was started.

*Case 2.*—Has dressed herself since June 26. Has been untidy in habits on several occasions but is improving. Shows some improvement in habits of eating. Patient tosses and catches ball fairly well if urged by instructor. She lags behind the others in marching. In the calisthenics her efforts are not maintained for more than two or three movements. At first there was no cooperation.

April 15. Better as regards toilet. Will come when called.

April 19. Occasionally speaks "irritably" (unintelligibly) when playing ball.

April 23. Seems more dull than the other three patients.

June 23. Dressed herself for first time.

June 27. Stood up and took a calisthenic wand of her own accord.

July 2. Polished floor a little.

July 2. Sewed nine squares together for a quilt.

August 15. Spontaneously laughed and essayed a few steps in dancing.

August 29. Folds spreads very well.

August 30. Marched alone for one record.

September 8. Laughs spontaneously when others laugh.

*Case 3.*—Has dressed herself since the first part of May, and made some effort in this direction when first transferred to ward. Has been tidy in habits with one exception in September. At first she was taken to the toilet by the nurse but this has not been done since about the first of May. Has become more tidy in habits of eating. Has become a fairly good worker. Spoke occasionally when first transferred to the ward. Later would ask spontaneously to be allowed to go to the chapel on Sunday, etc. The mannerisms present when received are still observed occasionally. She has become brighter. Smiles readily.

April 18. Polished floor.

June 6. Polished floor without being requested to do so.

June 28. Made her own bed.

July 16. Sews squares together for quilt.

August 13. Evidently appreciated picture show.

August 18. Notices things done about her and spontaneously helps to move furniture about, etc.

September 10. Worked for two hours on a reed basket.

September 30. Brought a bean bag board out from the closet and said to nurse, "Aren't you going to throw at this?" (It had been used several times before this date.)

October 2. Spontaneously danced with Case 1.

*Case 4.*—Patient has dressed herself since September 12. She would do so occasionally from the latter part of June to September 12. During April and June the patient was tidy in habits, but was untidy on quite a number of occasions during July and August, in spite of close attention paid by the nurse. There has been a very marked improvement in this regard since that time. There were but five days during October on which she was untidy. An improvement is shown in her habits of eating. At first there was practically no cooperation in work or play except in marching and to a very slight extent in playing ball. She has improved in all respects, as shown by notes given below but particularly in her expression and frank enjoyment of music.

April 15. Tore rags for carpet making.

April 17. Threaded needle for nurse.

June 2. Spontaneously sang a little.

June 2. Will start for dining room as soon as the bell rings.

June 12. Told nurse latter was a "little doll."

June 13. Expression brighter.

June 19. Dances a little occasionally. Holds out hands to one who asks her to dance.

June 26. Dressed herself slowly.

June 30. Polished floor.

July 8. Sewed nine squares together for quilt.

July 24. Pulled nurse from couch and danced her around.

July 25. Sewed 18 squares together for a quilt.

August 10. Balanced ball on head.

August 13. Appreciated picture show. Said it was "splendid."

August 14. Waved arms around and face brightened when a new phonograph was played.

August 18. Much brighter.

September 1. Uses fork in eating.

October 15. Hemmed a washcloth.

*Case 5.*—Made ineffectual attempts to dress herself from August 1 to October. During October she has dressed herself. She was tidy in habit from July 28 to August 9. From that date until August 21 she was untidy on three occasions in spite of efforts on the part of the nurse. From August 22 to August 31 she was untidy each day. Since that time she has been untidy on some days and tidy on others. An improvement in this regard may be expected after the training has been carried on for a longer period. There has been a slight improvement in her habits of eating. Since August 15 she has marched fairly well, in fact, has been selected as a leader. She plays ball under supervision but has persistently refused thus far to attempt the calisthenic exercises except for a few

## BEFORE TRAINING.

1. Photographed April 5, 1914.



Case 1. Case 2. Case 3. Case 4.

2. Photographed April 5, 1914.



Case 4. Case 3. Case 2. Case 1.



## DURING TRAINING.

3. Photographed July 1, 1914.



Case 1. Case 2. Case 3. Case 4.

4. Photographed October 9, 1914.



Case 3. Case 1. Case 2. Case 4.

movements on October 15. She has become somewhat brighter and more active.

July 28. Polished floor poorly if constantly urged.

July 30. Polished floor without special attention.

August 2. Polished floor fairly well occasionally. At other times will lay swab down.

*Case 6.*—Has dressed herself since the first day. Was tidy in habits during the first four days (July 28-31, inclusive). During August she was untidy on three days. She has not been untidy since except for one day in October. This patient has marched, played ball and done simple calisthenic exercises fairly well since the day she was added to the class. In the first two improvement has been noted.

July 28. Polished floor.

July 29. Smiled when spoken to. In answer to questions, she said she was not married and that her mother was living.

August 15. Tried to dance with a partner.

August 16. Smiled when danced up and down the ward.

August 18. Tried to eject another patient, who had already eaten, from dining room.

September 14. Washed one of the beds.

October 5-6. Made a reed basket.

October 12. Removed bed linen from dormitory.

The accompanying photographs show clearly and unmistakably the change in expression and appearance which has occurred as a result of the training.

These results show that markedly demented patients may improve greatly in all respects if attention be given to personal needs and some efforts be made to employ them. It points to the need of such work on a larger scale.

It is not claimed or expected that these efforts will result in a return to habits of life which in any sense approximate the average and it may therefore be asked whether the energy expended secures an adequate return.

That the patients are more healthy and feel better might be deemed a sufficient answer to this question. But even apart from this humanitarian element it can also be said that there is an actual economic advantage in that there is less unnecessary work for attendants, the general upkeep of buildings, furniture and a hygienic environment becomes far more simple and there is much less laundry work to be done.

There is another, even more important, lesson to be learned from these results which cannot be too strongly emphasized. Since it is possible with the ordinary facilities present in any hospital to improve the condition of patients of advanced age who have sunk so low in the scale of human activities as had those reported here, it seems justifiable to insist that proper attention and surroundings would prevent the occurrence of such degradation.

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## THE STORY OF A PARETIC'S LIFE.

For the student of mental phenomena and the reader of human interest narrative the last 15 years of the life of W. C. M., who died at the Elgin State Hospital a short time ago, furnishes material.

The first will be interested in the rather exceptional course which the patient's disease took; the others, in his simple, pathetic conduct, full knowing for four years what dreadful fate he was approaching.

Report of the convulsions which heralded his end depressed me; the announcement that he had passed into the beyond left an impression of personal loss.

Let me tell the story, as I gathered it from him and his hospital records.

He was born 50 years ago in a central Illinois county; his father kept a certain well-known railroad junction hotel and eating house. After his

common school experience, he drifted into Chicago and "bell hopped" in a famous hostelry of the period. There he learned the hotel business, and, on reaching his mature years, made it his calling. In his youth he drank moderately and indulged in some immoral practices as the result of which, 10 years prior to his admission to Elgin, he contracted the venereal disease which was destined to end his life in the wretchedness of paresis.

To medical science there was then no known connection between the physical infection and the mental phenomenon, known as paresis. His only problem was to cure, to remove the evidences of his indiscretions. This his means enabled him to do; he married; one child was born to the union; business prospered. The old life was forgotten; the old disease never showed itself even in untoward symptoms. Suddenly he began to depart from his usual manner of life; he talked of great riches and magnificent projects. He became unmanageable; one day he left his hotel and went shopping attired in pajamas. The doctor said he was overworked and suffering from nervous breakdown. Then to the State hospital. He was restless, disturbed, talkative, grandiose in action and ideation. Staff members saw him; some said manic-depressive; others paresis, but the clinical picture of either was far from typical. The examination found a significant scar. An embarrassing question was asked "Had he ever had syphilis?" inquired a doctor, after the patient had become quieter. Reluctantly he confessed. A significant glance from doctor to doctor was not unnoticed by the patient. He submitted to puncture, because it was a hospital routine, as they explained to him. He was apprehensive. He asked questions, cautiously at first, and as answers were evasive, he knew something was being concealed. The truth became known in due time, for the laboratory reported "Wassermann positive." He had quieted and had control and insight. The fatal news was received with equanimity and courage. "Was there anything to be done?" he inquired, but the reply was discouraging.

Our patient was of good physique, with manly, strong face, hair gray streaked, manner Chesterfieldian, emotion well-controlled and evenly balanced, voice modulated and pleasant in tone. Even in his most disturbed periods he maintained a deferential attitude and never neglected the obligations of the true gentleman.

He entered Elgin in June, 1911. Very quickly he adapted himself to conditions. After learning the nature of his disease he apparently reconciled himself to the impending fate, but clung to the shreds of hope which he found in physicians' discussion and the literature of paresis. He studied the disease and familiarized himself with its course. Salvarsanic and other treatments based upon Salvarsan interested him and he readily submitted to the experiments desired by the staff.

There were short, irregular periods of excitement, almost of violence in one of which he broke a window and tried to cut his throat.

Within a short time, however, these periods ceased; his delusions left him and the clinical evidences became fainter than ever and many were ready to say, "Here Wassermann has failed."

He was given parole of the grounds and freely mingled with patients and visitors, many of whom did not suspect his status in the institution.

It was early in his career as an Elgin patient that I formed his acquaintance in this manner:

I was at Elgin to conduct an investigation of charges made against the care and treatment of a patient. A well-known attorney of Chicago had accompanied the complainants. When we had developed all that could be by oral testimony, the party were given the freedom of the wards and buildings.

At noon I noticed them in very earnest conversation with a man whom I had not seen before, but whom I took to be an employee. As I drew near I heard him talking to them about his case. "One time," he said, "I was in very bad shape; just like a wild man, and I was on the wildest ward in the institution, but there was never a hand laid upon me, either by another patient or by an employee." He went on in a similar vein to praise the institution. He did not know me; in fact, did not know that I was in hearing.



A few minutes later he was standing at the head of his table in the general dining room with the same party about him. Again, not knowing that I was hearing, this man explained that he had been in the hotel business and that he knew something about the preparation of food. "Now," said he, "this is not a swell restaurant or hotel. We do not have the variety that we would have at home. This is not home cooking, but for the needs of men and women who do not get much physical exercise, it is first class. It is well cooked and wholesome."

Later in the day, after the investigation had been finished, I inquired about this man and found that he was a patient diagnosed as a paretic. I made his acquaintance and discovered him to be a man of refinement, good attainments and fine ideals. From that time until his death I had frequent visits with him. He always had the freedom of the grounds and of the institution, and we walked and talked as old friends. He conducted himself as a gentleman at all times. He was polished in his manner and in many ways ingratiated himself into the affections of officers and employees. He understood his case, knew what the diagnosis was and realized that the probabilities were that he would pass away as an average paretic does. To me he made no effort to conceal himself. Of liberty and freedom and of again being a part in the world he spoke in a pitiful yet hopeful tone, and he pretended to believe that once at least the disease was going to fail.

For a long time it was in remission. He worked at one thing and another quietly and efficiently. His wife came to visit him, but always objected to his parole from the institution. That she was right was proven once, possibly twice. Friends came to offer him help and sympathy. Everyone felt that he should have every possible opportunity and he was paroled when the chance was offered of right employment under good supervision, but outside he soon lost his mental equilibrium and became disturbed and more or less clouded, so that it was necessary for him to return to the institution, where he came and went, did his simple duties and lived in peace and quiet, was looked up to by fellow patients and respected by employees and officers.

Late in the fall of 1914 he suffered a slight attack which had some of the characteristics of a paretic convulsion. He quickly recovered and regained his former condition.

January 19, 1915, there was a hard convulsion, which was unmistakable. From that day he commenced to decline and he groped about in more or less confusion and uncertainty. On May 28 the record says, "Failing," "convulsions," "confused."

July 28 the final attack began and on July 31 he died.

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## NEW YORK'S INSANE POPULATION.

August 4 of this year the Secretary of State of New York reported 36,240 insane in institutions, or 353.6 to each 100,000 of population. This total is made up as follows:

Criminal insane, 1,360.

In private institutions, 980.

In 14 state hospitals, 33,900.

While the state's population has increased 27.05 per cent in the past 10 years, providing it comes up to the estimated 10,250,000, the increase in the insane population of the 14 state hospitals has amounted to 32.8 over the same period. The insane cared for in the civil hospitals has increased proportionately more rapidly than the general population. The June census reveals 33,900 insane at the 14 hospitals, an increase of 588 over June 1, 1914. The average annual increase during the past 15 years is 834.

Figuring 10,250,000 as the state's population and excluding the criminal insane, there are now 330.7 insane persons for each 100,000 of population. In 1890 there were 249 insane to each 100,000 persons in the state; in 1900, 304, and in 1912, 329.7.

Of the total number in all 14 hospitals approximately 56 per cent are of native birth and 44 per cent foreign birth. Of the latter 26 per cent are aliens.

More than 6,300 persons, not including 175 medical officers, were enumerated as being employed in taking care of the 33,900 insane in the 14 hospitals.

The percentage of aliens in the hospitals will show an increase this year as the result of the European war. But a comparatively few are being deported at the present time. The sum of \$6,200,000 will be spent this year in the caring for the insane.

The official capacity of the 14 hospitals is 27,476. The recent census shows 6,424 patients over that amount. The overcrowding thus amounts to 23.4 per cent.

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## NO EXCUSE FOR GARBAGE PROBLEM.

The last General Assembly relieved all communities of their excuses for garbage accumulation. It passed a bill permitting all municipalities to levy a specific tax for the purpose of efficient garbage collection.

The "Health News," published by the State Board of Health, deals with the subject so intelligently that copious quotations are made for the information of our readers:

"A rather cursory study of the municipalities of Illinois shows that very few indeed have even reasonably satisfactory methods of garbage disposal, while many Illinois cities make no public provision for the destruction of decomposable and dangerous wastes," says the Health News.

"In one Illinois city of over 50,000 population there has existed for over half a century, unenforced, an ordinance prohibiting the keeping of hogs within the corporate limits. A new health officer, with the eccentric belief that laws are made to be enforced, compelled compliance with the 'hog ordinance.' He was successful in this effort, but he found to his astonishment that the enforcement of the hog ordinance was the destruction of the garbage disposal system of this rich and prosperous city. When the keeping of hogs was prohibited, garbage in considerable quantities accumulated in the alleys, decomposed and became the breeding place of flies and constituted a genuine menace to the health of the community.

"Garbage disposal systems operated by private individuals and requiring a fee for service, while better than no garbage disposal system at all, are not and can not be satisfactory. The dirtier sections of a city and those in which sanitary problems are most acute, are often the dwelling place of the very poor who are quite unable to pay for garbage removal and, consequently, while a private garbage collection system may be satisfactory to the well-to-do residents of a community, it fails entirely as a public health measure.

"The common excuse offered by public officials, when demand is made by the people for adequate garbage disposal, is that it is an expensive undertaking and that funds are not available.

"There is absolutely no excuse, since the passage of this new law, for any community to tolerate the acute and constantly growing garbage nuisance. The new law, which has received the approval of the Governor, provides that the city council of any city having a population of less than 100,000, and the president and board of trustees of any village, shall have the authority and power to levy a tax not to exceed two mills on all taxable property for purpose of collection and disposal of garbage, such tax to be in addition to the amount authorized to be levied for general purposes."

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## LEGISLATIVE JUNKETS AND EFFECT ON INSTITUTIONS.

Reform organizations and newspapers recently have severely criticised the legislative junkets to the State institutions.

The basis of the criticism has been the cost to taxpayers. This is sufficient in itself, but there are other and greater reasons why these

legislative "junkets," as made up and conducted in recent years, should be abandoned in favor of a quiet, dignified, sympathetic visit of inspection by legislators who appreciate the gravity and seriousness of their mission.

Many years ago the custom was established by the General Assembly of sending out a small committee of members to visit the various State institutions, to inquire into their needs and to report back for the enlightenment of those who were framing bills touching them, and those who were about to vote upon those matters. Gradually the very laudable purpose of this practice began to wane and the "junket" began to develop. So now, for a number of years, the legislative committees to visit State charitable institutions have been looked upon as an excuse for a Roman holiday, for a great retinue of wives, daughters, sons and others, disguised as private secretaries, stenographers, clerks and the like; all traveling in state in Pullmans and automobiles, stopping at best hotels and enjoying the trip as a lark at public expense.

Memory of present-day observers does not run to the time when the legislators who occasionally accompanied the hegira returned with a public report gained on the trip for the information of those who remained behind.

In other words, these trips have been absolutely resultless in good for the State charities.

The committees that visited the institutions for the last General Assembly followed custom. They were no different from their predecessors and are entitled to no more criticism than they.

There is, however, a better reason for a change in methods than that assigned by the critics.

Our State charities are a serious problem. They should not be treated in a frivolous spirit. Those who are delegated to conduct them need the assistance and encouragement of other men in public life. The inmates, now numbering 23,000, are entitled to consideration. Their feelings should be reckoned with.

Those who in the past have accompanied the legislative junkets to the State charitable institutions little realize the trail of distress, resentment and anguish they left behind among patients and inmates.

Especially among the insane has there been distress, because they have felt themselves exploited for the amusement of idle gazers and morbid spectators.

The inmates of our institutions know what a farce these junkets are. They are not deceived. They see the great crowds traveling in luxury about the State on an ostensible mission. They know that the money expended on entertainment of those who have no right to it comes out of their portion for food and clothing and comforts. Don't forget this and the reaction upon the insane is tremendously bad. It makes him skeptical of every employee of his institution. He doubts his superintendent and doctor and nurse and feels that they, too, are like the rest—unfeeling, unsympathetic, selfish, making of him a game whereby to gain place and position.

The greatest torture inflicted upon the insane is to treat them as objects of morbid curiosity, untinged by human feeling or sympathy.

These junkets have produced, therefore, distrust of any honest efforts in his behalf, and have left anguish, distress and anger in the hearts of thousands.

It is proper—indeed, very much to be desired—that legislators should visit these institutions, both officially and unofficially, but they should go as individuals or in small parties, so that they they can see and learn and know what is necessary to intelligent legislative action, and above all they should go fully appreciative of the gravity of the problem, and the acute sensibilities of those who live in these institutions.

A frolic with its special trains, luxurious entourage, frequent indulgence to excess in alcoholic beverages, lavish expenditures of money, so vitally needed for the comfort and pleasure of the unfortunate, and many unseemly acts and some unfeeling conduct should give way to a sane inquiry by members of the General Assembly that they may be competent to act themselves and to advise others how to act,



## PEORIA'S NEW JAIL UNDER WAY.

Peoria County has set the State a good example in promptness and efficiency in dealing with its jail problem. The old jail has been torn down and the contractors are erecting a new modern structure. The plan is to occupy the new jail the 1st of next August.

Here is what has been done in Peoria County since the 1st of January, 1915: Reports upon the condition of the old jail were made public in January. A systematic, intelligent campaign for a new jail was carried on. A special election was called and the proposition to issue \$100,000 in bonds with which to erect the new jail was carried by a fine majority.

The board of supervisors appointed the proper committees. These committees selected Mr. Frederick Kleine of Peoria as the architect. Mr. Kleine and the committees visited jails in other parts of the country. They called in representatives of the State Charities Commission and Board of Administration for advice and help. Plans finally were prepared which met with the approval of all interested. The bonds were placed on the market and sold to good advantage. The bids on the new building were called for and were opened in due time. It was found that the estimates of the architect had been conservative and that the building contemplated could be erected well within the amount of money available, leaving a margin for extra furnishings and equipment not contemplated in the beginning.

The residence portion of the old jail had been torn away by the middle of November and excavation had been begun for the foundation of the new.

The most important feature of this campaign was the somewhat remarkable attitude of the public and the county authorities of Peoria. It is almost an invariable rule that criticism of a county jail or a county farm made by a State official arouses the ire and anger of the local community.

In this case, however, the people of Peoria fell right in line. They frankly admitted that everything said about the old jail was true, and, instead of pouting about it and abusing those who had reported it unfavorably, they prepared to right things in the quickest possible time and the result is that within less than a year, following the publication of the State Charities Commission's report, the new jail is under way.

All through the preliminaries and the drawing of the plans both the county board and the architect very broad-mindedly sought the advice of those whom the law has constituted to give advice.

The result was that the Charities Commission, through its executive secretary, was able to present to the people of Peoria County the following letter, endorsing the plans and pointing out some of their good features:

PEORIA, ILLINOIS, September 13, 1915.

*To the Honorable, the County Board of Supervisors of Peoria County:*

GENTLEMEN: I have made a careful examination of the plans drawn by Mr. Frederick Kleine for a new jail for Peoria County. I have consulted with him several times during the preparation of these plans. As he has submitted them to your committee on jail building they express modern ideas and meet the humanitarian demands of the day. As the executive officer of the State Charities Commission, with an authority to act, I commend these plans to you as worthy of your adoption.

The building as planned embodies a number of new ideas which are, however, not radical or wholly untried.

Our commission is interested in the humanitarian side of jail building and does not undertake to advise as to location or other questions that are of purely local character.

This building, however, I can say will not be offensive to the public eye. The Hamilton Street side will present no bars. The windows will be large and modern in construction, so as to admit the maximum of light and air. Architecturally the front will suggest the idea of strength and possibly of detention but there will be nothing of the old time jail appearance which has always made such buildings unwelcome neighbors.

*Second:* A very advanced step has been taken by providing that every cent available shall be spent on the jail; in other words, no money is to be spent on a fine residence for the sheriff. Frequently more than half of the funds go to this purpose. In abandoning the idea that the county should provide the sheriff with a residence, Peoria County sets a notable example, that will have a wholesome effect throughout the whole country.

*Third:* The building is narrow, so that it can be well lighted and ventilated.

*Fourth:* It is planned that there may be as high as ten different classifications of prisoners, each class small in number and separated absolutely from all other classes.

*Fifth:* The footings and foundations are strong enough to carry two more stories. There are to be 110 cells. It will not be necessary very often to place more than one person in a cell, but when the population of the county reaches such proportion that new cells are needed in the jail, two more stories may be added.

*Sixth:* Each floor represents a story in itself.

*Seventh:* It is absolutely fireproof; not a stick of wood from basement to roof. The interior walls are (to be) of brick, the floors of a composition easily cleaned and the steel work to be painted white.

*Eighth:* It will be sanitary and healthful. Each cell has its stool and a combination wash basin and drinking fountain.

There are many other splendid details which I might mention. There is nothing, however, to which the term luxury might be applied. The building is planned for cleanliness, health and safety. Beyond that it does not go.

In conclusion let me urge upon you to hasten its construction. Considering the awful conditions prevailing in the present jail, it would be almost criminal to delay the work of construction. Unless there is a very vital and pressing reason for delay, the demands of public decency and humanity urge the promptest action possible.

There is a public necessity for the new jail. I am confident that if the people of Peoria knew first-hand and from actual experience what you and I know about the old jail, there would be a popular demand for immediate proceedings to end the present intolerable situation.

The people have voted for the new jail. The bonds have been sold. The plans are ready. Contractors are eager to take on new work as the summer season closes. Building materials of all kinds are very cheap—cheaper than they have been in years. To delay beginning work until spring might force you to occupy the old jail two winters. Strikes, unfavorable weather, inability of material firms to deliver on time might easily intervene and throw the completion of the new building far into the winter of 1916-1917; whereas, if you start at once, you will have plenty of time, allowing for all contingencies, in which to complete it for occupancy before December, 1916.

The present jail is a disease breeder and spreader all through this community. It is a fire trap of the worst sort, as I described it in my report this year. Postponement, when there is no adequate reason for it, would place upon your shoulders directly the blame and criticism for any untoward fate which may befall this old structure or its inmates. So long as you had no authority from the people whereby you could better conditions, responsibility rested upon their shoulders and not yours. They have now shifted it to yours.

Very respectfully,

A. L. BOWEN, *Executive Secretary.*

## THE STATE NO LONGER A SOLICITOR OF GIFTS.

It has been an old practice in Illinois for the State charitable institutions—especially the hospitals for insane—to send out Christmas letters to the public asking in a more or less veiled style for contributions with which to augment the State's provision for holiday festivities for patients or inmates.

This year the Board of Administration advised the institutions to discontinue the custom.

In a letter to the superintendents and the public the board says that the State has been quite liberal in its appropriations and that funds are ample to meet all legitimate demands for holiday celebrations; therefore, it is unseemly and undignified for the State to appear as a mendicant, soliciting alms of the general public for the benefit of its wards.

The letter in no way abridges or discourages friends and relatives from sending gifts to patients or inmates; in fact, the voluntary act of a relative or friend in sending a patient some token of the Christmas season is much to be praised. That sort of Christmas giving thrills the heart of the "shut-in" as no other gift possibly could.

The State, as it has in the past, provided amply for the abandoned, forgotten and friendless patient, and those whose friends could not do much for them were likewise remembered. Every effort was made throughout the service to give the fullest meaning possible to the Christmas spirit and to see that every patient was properly taken care of, either by the friend or relative, or the outsider, or by the State itself.

All institutions enjoyed elaborate programs of entertainment and amusements, lasting, in some cases, throughout a whole week, with something doing every afternoon and night and so far as possible the patients contributing in talent or service.

## ILLINOIS NURSES' ASSOCIATION.

The annual meeting of the Illinois State Association of Graduated Nurses was held at Bloomington on November 8, 9 and 10, with a very

large attendance and a splendid program. The association was especially pleased with the hospitality of the Bloomington people.

While much of the program naturally was devoted to "shop talk," there were a number of features which were designed to draw in and interest the general public. The reports of Miss Eva Doniat and Miss Alma Forrester, who had recently returned from practical nursing experience on the European battle fields, were particularly illuminating. They contained, not only information for the nurses, but a great deal of color for the layman. An opportunity was given for the presentation of the subjects of the tubercular, the aftercare of the insane, the work of the nurse in the State hospitals for the insane, etc. The program and the meeting indicated an organization of broad vision—one that is bound to be a vital force in the battle for good health in Illinois.

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## THE NATIONAL CONFERENCE.

The Forty-third Annual National Conference of Charities and Correction will meet in Indianapolis, May 10-17, 1916.

It will have been just twenty-five years since the National Conference gathered in Indiana's capital. Then it was composed almost entirely of State officials. Radical changes have taken place since. The conference has grown to be the biggest annual gathering in the Nation.

It has spread and taken in almost countless subjects and phases touching the social welfare. There is nothing in our country that compares with it in the character of its constituents, in its high purposes and ideals, in its broadness of vision or its human appeal to the best that is in mankind.

The year will also be noteworthy as the centennial of Indiana's admission to the Union. Indiana has always been progressive in its philanthropy and charity. Its institutions have stood high in National esteem. It has contributed to National social enterprises many noted men and women, and to-day has many left in the home fields who are competent to render greater service in larger fields.

Illinois is its next door neighbor. Our State ought to appreciate the opportunity to show its neighborliness by attending this conference in large numbers. Ours was one of the eight charter members of the conference. Our charity service has reason to show an interest in this great organization, which one of our honored men helped to found.

All charity and social welfare organizations in Illinois ought to arrange to send a delegate or delegates to Indianapolis. If they would do so, their work and their methods would be stimulated and improved. Illinois' public and private agencies should profit by this exceptional opportunity to attend and there is the other reason, that we ought to help our neighbor make this conference a notable success.

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## ALMSHOUSE AND JAIL LAW OVERLOOKED.

County boards throughout Illinois are repairing old jails and almshouses and building new ones without complying with the terms of the State Charities Act, which requires the submission of plans for rebuilding and new building, to the Board of Administration for approval.

A number of counties have gone ahead with construction work without this very important formality. The law provides no penalty for failure to comply with its terms, but it would seem that county authorities, spending public money on these two institutions, would be sufficiently interested in getting the best to consult the State authorities who are charged with the study of jails and almshouses and who are familiar with public institutions of every character.

The Board of Administration, to whom jail and almshouse plans should be submitted, has direct charge and control over 19 great State institu-



tions and is thoroughly competent by experience to advise counties on many points respecting institutions in which people are to be housed.

Section 32 of the State Charities act reads as follows:

"No county, city or village shall erect, add or remodel a jail, almshouse, infirmary, house of correction or workhouse, without first submitting plans or specifications therefor to the Board of Administration for its criticism and suggestions for the improvement of the same."

Those counties which have complied with this law have benefited by the suggestions and advice secured thereby.

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## A NEW ALMSHOUSE WITH CELLS: WHY?

In this issue of the Institution Quarterly appears an article descriptive of the new almshouse at Mt. Carmel, Illinois, written by its architect, Harry E. Boyle, of Evansville, Indiana. Accompanying it are the plans.

The fourth paragraph of the descriptive article strikes one between the eyes. Here is what it says: "The building is two stories, with a high basement, the basement containing the automatic water system, the heating system, vegetable and storage rooms and the cells for the incorrigibles."

It seems almost incomprehensible that in this day and age, cells should be erected in any public institution, except a jail or a penitentiary. As we read this paragraph the first time, we were delighted, as it appeared that the architect was devoting the basement to its proper function. It was pleasant to read that the kitchen and dining rooms were not located there, and then our eyes fell upon the last five words, "the cells for incorrigibles."

Are we still so benighted that the almshouse stands as a prison and a madhouse in Illinois?

The law prohibits the keeping of insane patients in an almshouse; therefore, if cells were necessary at all for the insane, there is no need for cells in an almshouse. Cells may be necessary in a jail, but why a cell for an old man or an old woman, who has had the misfortune to be thrown upon public charity in their declining years?

Truly, it would seem, that the "incorrigibles," according to this plan, are classifiable with the water system and the heating system and the vegetable and the storage rooms of an institution.

We have no words of condemnation strong enough for an institution erected in the year 1915 for the shelter of the unfortunate aged, with cells for incorrigibles located in the basement with the water system, the heating system, the vegetable and the storage rooms.

We are not advised as to the responsibility for this outrage; the architect writes that he vigorously opposed them, but put them in at the orders of the county board.

Otherwise the plans of this almshouse are very good.

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## LOCAL CONFERENCES ON SOCIAL WELFARE.

County and city conferences of charity, though they often appear under other names, are becoming more common in Illinois. The State Charities Commission and the State Conference of Charities have frequently advocated such gatherings, for the purpose of bringing together all of those, both official and private, who have to deal with the social needs of the local community.

On the evening of October 25, the Champaign-Urbana Associated Charities held two big meetings, one in each city, which were of the character of a local conference. Mr. Eugene T. Lies of the United Charities of Chicago and Mr. Sherman C. Kingsley of the McCormick Memorial were two of the speakers. These meetings brought together in the two cities, all those people who are interested in the local social needs.

In Peoria, the Women's Civic Federation arranged for such a meeting at which a survey was made of the whole field. There were reports from the school attendance officer, the Dorcas Society, the Detention Home, the

Associated Charities, the Child Welfare League, the School Nurse, probation officer, and the Crittenton Home and others.

Mrs. Stauffer, who has been the school attendance officer for thirteen years, made an interesting statement. The first year of her services, she investigated 389 cases, of which 385 were truants. The last year she investigated 3,000 cases and only 29 were truants. Mrs. Stauffer said, "Do you know that lack of proper clothing was the real cause of much of the truancy in those early days? Fully 500 children have been kept in school by supplying clothing."

It is, indeed, an interesting development of the present time that so many organizations have been formed to consider charitable and social reforms in their communities. The number of official agencies working in these fields is growing. There is need for both the private organization and the official agent. One can not get along very well without the other. But by cooperating and working together, the job can be done very much more thoroughly and effectively. Such little conferences as these bring all interests together and permit them to see that each one is an essential cog in the big machine. These conferences are almost certain to stimulate the cooperative spirit, and after the cooperative spirit has developed the social problems can successfully be approached.

## ROCK ISLAND ABANDONS PER DIEM FEEDING SYSTEM.

A good piece of news comes in from Rock Island County, which, in recent months has been sorely tried by the vicissitudes of its jail controversy, of which there has been a line or two in the QUARTERLY. The erection of the new jail in that county has been stayed by injunction proceedings, pending a decision of certain legal points by the supreme court.

But in the meantime, the county has acknowledged the right and justice of the contention that the per diem system of feeding prisoners is costly and inefficient, if not vicious or worse. The county board, at a recent session, decided to do away with the per diem system, and to adopt a plan of purchasing food and supplies for the county institutions on a contract basis. Rock Island is to be congratulated upon falling into line for this righteous reform in the conduct of our county jails.

On this subject, a situation that was almost humorous developed at the recent State convention of county clerks of Illinois at Springfield. Nearly all of the counties were represented at this meeting. Among the speakers invited to address the convention was the executive secretary of the State Charities Commission, who grabbed the opportunity to say a word or two on behalf of his pet aversion, the per diem system of feeding prisoners.

In the course of his remarks, he mentioned the fact that St. Clair had abolished the per diem plan and has been buying its food supplies by contract. An elderly gentleman, sitting in the midst of the body, arose and asked the speaker whether he had understood correctly that St. Clair county had abolished the per diem scheme. The speaker remarked that he had correctly understood the statement. Thereupon the gentleman explained that he would like to know a little bit more about this matter. "It is costing us 50 cents a day in our county," he said. "If the clerk of St. Clair County is present, could he tell us how much it is costing per day to feed the prisoners in St. Clair County?"

Mr. Winckler, the efficient county clerk of St. Clair County, was promptly upon his feet with the reply that it is about 17 cents a day. The questioner fell back into his seat, with an astonished "Ah," while the whole audience seemed to be overcome. Several clerks followed the speaker to his office in the State House to talk on this subject more in detail.

There is little question that the per diem system of feeding prisoners is doomed in Illinois, for as the public understands the situation it will not tolerate its continuance.

The proper time for any county to discontinue it is before the campaign opens for the nomination of candidates for sheriff. It probably

would not be fair to discontinue this practice during the incumbency of a sheriff who had made his campaign and had been elected with the understanding that the old custom of per diem feeding would continue. But the county authorities could, at any time, let it be known that at the conclusion of the time of the incumbent, the practice would cease and the sheriff would receive only the salary as provided by law.

No man, under these circumstances, would be a candidate for sheriff under a misapprehension as to what his remuneration would be.

## FAVORS THE STATE AS JAIL ADMINISTRATOR.

Louis N. Robinson, professor of economics in Swarthmore College, has been studying the jails of Pennsylvania, being familiar, however, with the common jail as an institution, no matter what its habitat may be. We, in Illinois, should take heart, as we read Mr. Robinson's denunciation of the Pennsylvania jails. We are not without good company.

Mr. Robinson refers to the county jail as the "black sheep among our penal institutions."

Thereupon he writes the following brilliant paragraph:

"If John Howard, the English prison reformer of the eighteenth century, were to return to earth to-day, he would feel perfectly at home when once he had passed within the doors of a jail. In many cases he would find the jail but little improved in sanitation, and the association of old and young offenders, of tried and untried prisoners, would seem perfectly natural to him. But if anything more were needed to put him quite at ease, the idleness, the lack of all means of mental and moral uplift, the food and the system of fees would soon cause him to forget the long years elapsed since his days as sheriff of Bedford jail in Merry Old England."

Further on in his work, Mr. Robinson gets to the kernel of the nut in the discussion of reasons why our jails are so bad.

He says we cannot make our jails what they should be because the county is too small a unit of organization for the penal system.

His solution is, the larger unit under state control and administration. He very properly questions, "What has the size of the prison to do with its cleanliness, sanitation and evil associations?" "Good management and continuous, as well," he says, "is necessary to secure good housekeeping." In most states the sheriff has charge of the jail. He is an elective officer, chosen largely on other grounds than his ability to run a prison and rarely holding his office for more than a few years. It is the exceptional sheriff who leaves the jail in a better condition than he found it. Where the keeper is appointed, the situation is seldom better, as the salary is small, and the position usually goes to a small, cheap politician as a reward for party service. Secondly, most counties lack a vigorous public opinion, that spur necessary to keep most public officials up to the mark. If the county is to be the unit of prison organization, there ought to be competent critics of prison management in each county. It is doubtful whether this is the case or ever will be.

"There seems, therefore, but one course if we really wish to reform our county jails. The unit of organization must be enlarged and county management supplanted by state management. The counties should be grouped together with one institution for each group, thus eliminating nine-tenths of the county jails. With an institution of an average from 500 to 1,000 prisoners, a salary could be paid which would insure the services of a competent man. In such an institution it would pay to install machinery, to have competent trade instruction and to enter on the real work of reform. Given five or six such institutions in place of 60 or 70 county jails, and we need have little fear that public opinion would fail to function properly."

## FALL MEETING, STATE HOSPITALS' MEDICAL SOCIETY.

The fall meeting of the Illinois State Hospitals' Medical Society was held at the Elgin State Hospital on October 28-29. This meeting was the best at-



tended in the history of the society. The evening meeting was honored by the presence of a number of prominent physicians from Chicago, and a large representation of the Kane county medical society. Special interest attached to the paper by Dr. Peter Bassoe of Chicago on "200 Cases Treated by the Swift-Ellis Method." There was a very practical discussion of aftercare schemes. This discussion was opened by Miss Elnora Thomson of the Illinois Society for Mental Hygiene, after which representatives of the different hospitals and of the State service, including Dr. George Zeller and Mr. A. L. Bowen, presented their views.

The papers presented will appear in a future number of the INSTITUTION QUARTERLY. The program which was presented on this occasion was as follows:

"The Prognosis of Dementia Praecox," by Dr. A. G. Hamilton, Anna State Hospital.

"A Comparison of the Etiologies as given by:—The Court Interrogatories, the Relatives, the Patients, and the Hospital Examination," by Dr. Chas. R. Lowe, Jacksonville State Hospital.

"Some Common Errors in Diagnosis," by Dr. W. C. Cook, Peoria State Hospital.

"The Group of Detective Mental Development," by Dr. H. Douglas Singer, State Psychopathic Institute.

"Drug Habitués in the State Hospitals," by Dr. Peter S. Winner, Watertown State Hospital.

"Urinary Abnormalities among the Insane," by Dr. H. T. Child, Kankakee State Hospital.

"The Luetin Reaction in the Feeble-minded," by Dr. W. K. Dyer, Lincoln State School and Colony.

"A Possible New Test for Cerebro-Spinal Fluid."

"A New Way of Staining Cells in the Cerebro-Spinal Fluid," by Dr. B. Lemchen, Chicago State Hospital.

"A report of 200 Cases Treated by the Swift-Ellis Method," by Dr. Peter Bassoe, Chicago.

Discussion opened by Dr. S. L. Gabby, Elgin; Dr. E. L. Abbott, Elgin State Hospital, and Dr. C. F. Read, Peoria State Hospital.

"Practical Proposals for an After-Care Scheme."

Discussion opened by Miss Elnora E. Thomsen, Illinois Society for Mental Hygiene; Mrs. Minnie J. Berlin, Bureau of Personal Service; Dr. E. L. Hill, Jacksonville State Hospital; Dr. Jerome L. Harrell, Chester State Hospital; Dr. Eugene Cohn, Kankakee State Hospital; Dr. M. C. Hawley, Elgin State Hospital; Dr. C. B. Caldwell, Lincoln School and Colony; Dr. L. G. Wright, Chicago State Hospital; Dr. H. T. Morton, Peoria State Hospital; Dr. Olive Hughes Kocher, Watertown State Hospital; Dr. S. N. Clark, State Psychopathic Institute.

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## CRIMINALS AND MENTAL DEFECT.

An investigation is being conducted by the Massachusetts State Board of insanity with the object of determining the number of psychopathic and defective individuals at present confined in the Massachusetts State Prison.

The nature of this investigation is psychiatric and psychological.

Of the first 100 cases examined by Dr. Stearns, from the psychiatric side, according to the alphabetical order in which they are catalogued at the prison, 47 have been referred for psychological examination as possible cases of mental defect.

The psychological examination shows that 23 out of the 47 cases are feeble-minded. Of these 23 cases, 2 are imbeciles, 8 low-grade morons, and 13 high-grade morons.

The 23 feeble-minded subjects are committable cases to institutions for mental defectives.

A further, intensive psychological study is to be made on the inmates of the State Prison with the hope of finding characteristic reactions of the criminal and delinquent individuals.

A comprehensive report of the psychological findings will be prepared in the course of a year, after the study of all the inmates of the institution has been completed.

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## INSTRUCTION OF THE WARD EMPLOYEES.

The late Dr. L. S. Clouston, of Edinburgh, shortly before his death wrote an instructive article on the training of attendants for the insane, the substance of which was that one of the medical officers should spend a part of each day instructing the attendants on the wards as to the mental peculiarities, habits and diseases of the different kinds of cases, giving the novices charge of each kind of case for a time, having them work with him, walk with him and make the patient feel that he is a human being, and the attendant feel that it is his business to look into and know how to manage each case. Also, the physician, during his work, should develop the energy and esprit de corps among the attendants as a class, make them proud of their positions as the physicians are of theirs, and the physicians should plan social gatherings, means of amusement and instruction for the attendants and, above all, reasonable facilities for satisfying the social cravings of human nature.

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## HOMER FOLKS WOULD REEDUCATE THE PUBLIC.

Homer Folks, Secretary of the New York State Charities Aid Association is of the opinion that reeducation is as necessary among the sane as the insane. In an article on "The State Hospital at the Parting of the Ways," Mr. Folks is right when he says:

"A commitment to a state hospital for the insane, from having been regarded as closely related to a commitment to a penal institution, is now seen to be more closely related to a commitment to a hospital for an incurable disease.

"The community needs reeducation as to the possibility of diminishing the volume of insanity. It needs reeducation as to the traditional stigma or disgrace supposed to be attached to mental disease. It needs reeducation in the fact that the great majority of insane are not raving, dangerous, violent persons, and that the state hospital physicians are much more anxious to have their patients discharged than they are to have them committed. Patients should be educated by explaining to them, when possible, the causes of their trouble and their share in its treatment. Educate the families by talking to them during their visits to the patients, and directing them very fully as to the treatment of the patient after the patient's discharge."

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## PROHIBITS CORPORAL PUNISHMENT.

The Board of Administration has decided that those children's institutions to which it issues its license must refrain from corporal punishment.

Corporal punishment in the State charitable institutions under this board, was abolished some time ago. The board has felt that, if corporal punishment was unjustifiable in the State charitable institutions under its control, certainly this form of discipline could not be countenanced in those private institutions to which it issues its license. The board believed that it has the right, in establishing a standard for these institutions, to specify that corporal punishments shall not be a form of discipline.

There is no question that the board has the power to establish a standard to which institutions must attain before securing the State's license, therefore, a few weeks ago the Board adopted the following resolution:

"WHEREAS, It has been recently brought to the attention of the State Board of Administration that in certain accredited institutions receiving certificates from this board to the effect that they are competent to care for

children and others committed to their care, various forms of corporal punishment have been practiced by officers and employees, as a means of correcting the conduct of inmates, many of whom are children; and,

"WHEREAS, The Board of Administration has heretofore expressed its condemnation in no uncertain terms of every form of cruelty, brutality and neglect, or hostile attitude toward the inmates of any of the State institutions under its jurisdiction, and,

"WHEREAS, The Board of Administration has always promptly ordered the trial of every officer or employee thus accused, and the dismissal from the State service of any officer, or employee found guilty; and,

"WHEREAS, The management of private institutions receive their certificates from this board on the ground of their fitness and ability to care for these wards, and the Board of Administration desiring to make its attitude absolutely clear on the subject; therefore, be it

*"Resolved,* That every form of corporal punishment must cease in the private institutions above mentioned; that this applies to the application of the rod, or the infliction of blows, and includes every punitive measure that can in any manner be construed as physical suffering; and, be it

*"Further Resolved,* That a violation of this rule will subject the offending institution to a cancellation of the certificate issued by the Board of Administration; and, be it

*"Further Resolved,* That the Department of the Visitation of Children be directed to have copies of this resolution printed and mailed to all of the institutions receiving certificates from this board, and that it request that each institution furnish a receipt for the copy of the resolution."

## ARE THE SANE DETAINED IN HOSPITALS?

Recently the people of Chicago and Cook county were very much interested in statements emanating from State's Attorney Hoyne of that county to the general effect that many sane persons are "railroaded" to the hospitals for insane.

Mr. Hoyne's statement was based upon a case in that county which smacked of some of the old time customs, but that there is wholesale railroading of healthy-minded persons to hospitals for insane will not be sustained by the facts. Undoubtedly efforts are frequently made to place people in these institutions to serve ulterior or criminal purposes of friends and relatives and it might occasionally happen that their purposes are carried out to the extent that the victim reaches the door of the hospital. These cases, however, are very few and far between and are quickly discovered by the authorities and at once released.

There are cases in which it is very difficult to determine their sanity or insanity. They are what may be known as border line cases. Many of them would get along very well on the outside if they had proper supervision and support. The State has no equipment with which to take care of them outside of the institution and as a rule they are without friends or relatives or, if they have friends and relatives, the latter are unwilling to care for them. These cases present a problem to every institution and it is only fair to say that everything possible is done to make their life as agreeable and as pleasant as possible and they are given every liberty within the bounds of the institution, but it can not be said that any one on the outside is profiting by their incarceration.

Under the many safeguards thrown around patients of the State hospitals, it is practically impossible for any person to be kept longer than is absolutely necessary to determine the fact of his insanity. When a patient arrives at a hospital of this character, legally committed by court, the medical staff are bound to accept him as being in need of attention and treatment. They must proceed on the theory that the court has acted advisedly and knew what it was doing, but there is no disposition at any point to forget the possibility that a mistake has been made.

The hospitals are overcrowded. If there is any temptation at all it is to discharge patients before they are really ready to leave.



A conspiracy to detain within the walls of one of these institutions a sane person would have to include, under the present system, a large number of people, even the Governor of the State. It would have to include the members of the Board of Administration, the members and the officers of the State Charities Commission and all the members of the staff of the hospital. The means of communication with the outside world are too numerous and too easy and too well safeguarded to make it possible to close up the line running from the patient to the source of help on the outside.

In this connection it may not be amiss to recall recent criticism of these hospitals for releasing patients that to all appearances were worthy of confidence and a chance, and yet once outside they committed crimes.

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## GOING TO SCHOOL.

Superintendents of the State hospitals for the insane in Illinois have been going to school—going to Illinois' own school for the teaching of psychiatry.

Under an order of the Board of Administration, the superintendents of these institutions assembled at the State Psychopathic Institute, at Kankakee, on November 2, for a two-weeks course, under the direction of its director, Dr. H. Douglas Singer.

The course of study and lectures were prepared especially to meet the needs of superintendent, rather than the member of the staff. It is hoped to make these courses annual. A more detailed account of the work of this class will appear in the next number of the *QUARTERLY*.

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## MEETINGS OF SUPERINTENDENTS.

The Board of Administration has adopted the policy of calling together the superintendents of the institutions under its control, at stated periods of the year, for the purpose of discussing institution needs, not alone among themselves but with the board.

The first day's session is to be taken exclusively by the superintendents. They have elected their own officers, Dr. H. J. Gahagan of Elgin being president and Mr. William Schutz, of the Home for the Blind, the secretary. On this first day, they are to talk about their own problems, learn from each and prepare recommendations to the board. The second day of the meeting will be spent in session with the board to which time their recommendations will be made known and discussed.

This is a very excellent and commendable thing. Wisely handled, it can be made of inestimable benefit to the service and to the State. Care must always be exercised that the business or administrative affairs of the institutions do not predominate. The temptation will be too strong to give them too much prominence. Care and treatment after all are the fundamentals and should occupy at least the major portion of the time.

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## A NEW IDEA IN SOCIAL CENTERS.

Richland County—Olney, county seat—recently completed a new courthouse of which its people may well be proud. It is a beautiful structure, costing only \$100,000 furnished; evidently none of the money went astray. Somebody in influence either had a prophetic eye or blundered into doing the right thing. This courthouse has been designed for the use of the people of Olney and the county. It is true it has offices and court rooms but the capitol of Richland is to be the people's forum. On the first floor, in the most prominent position, with one side entered from the main corridor and the other from one of the streets, is a large, splendidly furnished room whose glass doors bear the title "Convention Hall." It may have been necessary to call it a convention hall but, in reality, it is a social center. Here the clubs

and organizations of the city and county are to hold their public meetings to discuss matters of community interest.

The Clio club, an organization of women interested in the social and civic affairs of the county, have installed a handsome piano for the use of all comers.

The writer had the pleasure recently of speaking to this club in this very hall on a question of public health and social welfare. Other meetings of similar nature are to follow.

A convention hall in a courthouse, to be used as this hall is to be used, is a fine idea.

But the courthouse has other features which demand attention. The Associated Charities of Olney were provided with offices and why not? Does not such an organization perform a public service? There is a large and well-equipped rest room which is liberally patronized, especially by the country people as they come to town to do their trading. The G. A. R. has been tendered the use of fitted quarters. A room modernly equipped with desks for examination of various kinds is found on the top floor.

Mention of these facts about the courthouse warrants a little digression into the activities of the city itself. Its women have the Clio club, as mentioned, for civic and social discussion and action; there is a well-organized anti-tuberculosis association, working with the state association; two fine new schoolhouses have recently been completed; a system of sewers, costing \$100,000, now takes care of a very important part of the problem of public health; the Associated Charities have been intelligent and active; there are no children in the county almshouse; a movement is on foot to transfer nearly all the inmates either to insane hospitals or the Lincoln State School and Colony, sell the big farm and purchase near town a small truck garden and erect thereon a modern almshouse.

There is dissatisfaction with the present methods of operating the poor farm. The caretaker or superintendent is given all he can raise on the 160 acres and in addition receives so much per week per inmate for taking care of them. Still in addition the county pays, so I was told, for all the supplies consumed on the place. Under such a system it is manifestly impossible to determine what it costs to keep nine inmates at the county home.

Richland County furnishes a good illustration of the need for an optional law, giving two or more adjacent counties the power to combine and erect a district almshouse. Richland has now on its farm only nine inmates, every one of whom by stretching a point would qualify either for a State hospital or Lincoln State School and Colony. All of the counties adjacent are in much the same condition as to their almshouse problem. If they could combine and erect a central institution, they could afford to engage a qualified superintendent to operate it economically and well.

This problem is one that bothers many of the southern Illinois counties but it can be eliminated by the district infirmary plan.

Since the foregoing was written the county farm inmates have been committed to State Institutions.

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## SOLVING PROMOTION AND WAGE INCREASE PROBLEMS.

As a solution of one of the most difficult of all institution problems, that of promotion and increase of wages among employees, the State of Illinois, through the action of its Board of Administration, has adopted a complete and elaborately worked out system which provides for promotion and wage increase by automatic action, based on tenure.

This system is the complement of the merit or civil service method of selecting employees in these institutions.

After a man or woman had secured his position in a State institution through the merit system, promotion and increase in his wages was left largely to the discretion of the superintendent, from whose decision appeal

was had to the Board of Administration, either direct or through influence of some sort.

The civil service theory carries with it the assumption that, having passed the examination and having successfully weathered the three months probation period, the incumbent in the position may rightly be considered entitled to promotion and increase in wages with experience and service.

If this is true, then the employee is entitled to these rights without recourse to petition to his superior. If he is not entitled to them, then he is not entitled to hold his place in the service. Political influence is eliminated by the law in the securing of place. It can not be eliminated in the securing of these rights to promotion and increase unless there is a definite automatic system of promotion and wage increase.

This the Board, after long and careful thought, has devised and it is now in operation. The Board has taken the civil service classification as a basis. The minimum and maximum wage for each class has been fixed. For certain classes the rise from the minimum to the maximum is made through five equal annual increases. In other grades the increases are effective semiannually, covering a total period of two and a half years.

For example, a man enters as physician at the minimum of \$1,800 per year. His increase amounts to five dollars per month per year for five years when his salary reaches the maximum of \$2,100.

From grade to grade the promotion is by civil service examination.

For the employees who had been in the service for more than a year, when this system went into effect, it was provided that salary should be computed as for the time actually in the service. Thus the physician in the service two years and still getting the minimum salary, would draw at once an increase of ten dollars per month.

The system has of course added to the pay roll but it has been conceded for a long time on all hands that salary and wages in our State charitable institutions have been too low. The system therefore corrects an injustice as well as provides an automatic rise in pay without the intervention of the employee or his friends. It will relieve the superintendent and the Board of an immense amount of detail work and will result in a higher degree of satisfaction among the employees; for the charge of favoritism possible under the old system is now rendered impossible. In laying out such a system naturally some positions which were of an exceptional character had to be taken care of by special orders. In several instances the automatic increase worked to the disadvantage of the State but the exceptions to the rule were few and are not in any sense entitled to prejudice the system itself.

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## ONE DAY'S REST IN SEVEN.

Having established the eight-hour day in the State charitable institutions, the Board of Administration completed the good work by ordering one full continuous day of rest in seven for every employee.

Illinois charitable institutions, therefore, are now operated on a basis as to hours which the State has by statute imposed upon private employers. It was an anomaly that the State should prohibit women working in factories and stores more than nine hours and yet countenanced—yes, demanded—thirteen and fourteen hours in its charitable institutions with only two days off each month. Nothing could be more ridiculous. Nothing could be more inhumane than to require women to work for thirteen and fourteen hours on a ward crowded with insane people.

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## THE PUBLIC DISTRUST OF ALIENISTS.

Dr. Stewart Paton, the distinguished investigator and teacher recently told the Society of Medical Jurisprudence that America has few good alienists, and that most of the expert testimony given in court by alienists, is a dis-



grace to the profession. Dr. Paton thereby simply reflects a very common opinion. One of the greatest obstacles in the way of a solution of the problem of our mental defectives, is the public distrust of the so-called "alienist" to whom it should look for advice and guidance. This distrust springs almost wholly from the conduct of eminent alienists testifying in celebrated criminal cases.

Nothing could more thoroughly discredit the profession than the recent testimony of experts in the Thaw case.

It has been apparent that alienists have been selected by each side in criminal cases, solely to testify in support of its contention and theory.

Fortunately, in Illinois, we have not had to witness conduct of this character, and it is probably true that the people of Illinois are more inclined to follow the directions of our mental experts. But it can not be denied that there is more or less distrust of their opinions.

It has been recommended and urged that mental experts be called by the courts and not by the parties at issue; in which case the expert would be the witness and the aid of the court.

It is manifest that before we can make great progress in solving our tremendous problems arising from insanity and feeble-mindedness, the public must have faith and trust in these men, whose study, investigation and experience in these questions should entitle them to leadership.

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## OPPOSES BUILDING MORE HOSPITALS.

Amos W. Butler, the distinguished secretary of the Indiana Board of State charities, has come out in opposition to the erection of any more hospitals for the insane in that state.

At the recent Indiana State Conference of Charities, as its president he said, "Indiana now has five great hospitals for the insane. I hope we shall never build another. We shall not need to do so, if we are wise."

Continuing, Mr. Butler said that if the present system was continued, it would be necessary to erect a complete new hospital in that State at least every ten years. In the last eighteen years, there has been an increase of eighty-one per cent in the average daily population of the State institutions for mental defectives, which is in striking contrast to the statistics of penal and correctional institutions where the increase in the same period has been only twenty-one per cent.

He described the salutary results followed the indeterminate sentence and parole laws.

In his State, he said, the number of persons receiving help from township trustees, has been growing less annually. In 1895 the official poor relief of Indiana amounted to \$630,000. Last year it was only \$393,000.

What had been accomplished in these lines through the operation of preventive methods, Mr. Butler contended, could be brought about among the mental defectives.

"We need a State program for their care and treatment," he said. "For the insane, our system should include: (1) the treatment of incipient mental and nervous diseases through voluntary admission to all hospitals; (2) prompt reception at a State hospital of every insane person, followed by thorough examination and active treatment according to modern methods; (3) small, industrial farm colonies under the parent hospital for those who will be happiest and will do best there; (4) the benefits of occupational therapy and industrial reeducation for as large a number as possible. Such a system should work automatically to the end that every case of mental disturbance, of whatever degree, shall have the proper care and treatment, and that without delay.

Mr. Butler advocated psychopathic sections in general hospitals. "The prospect of a cure," said he, "is many times greater when the patient is given treatment promptly, than when he is compelled to wait months for it." He favored the development of farm colonies for the chronic insane, the epileptic and the feeble-minded. He came out strong in favor of simple, inex-

pensive buildings. "Let the State put more money in land," he said. "It can then put less in buildings; plain, simple, sanitary buildings are not only good enough, but the best." The money of the taxpayer goes further. The buildings are more homelike, and the patients like them better."

Mr. Butler agreed with the modern definition of the county jail, when he said it has been rightly called a "school of crime." "The fee system for the boarding of jail inmates," he declared, "should be abolished and jails maintained as are our county poor asylums."

"Special rooms and special schools for exceptional children are needed," he said. "Our public schools must give the child the education he needs, and must help him find his own level. The child that is fitted to do well some of the ordinary things of life must not be pushed on in the attempt to fit him for a position beyond his capabilities."

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## THE VALUE OF PROBATION IN ONE COUNTY.

Mr. I. P. Buffum, the probation officer of Kankakee County, has forwarded to the State Charities Commission, a copy of his report to Judge Deselm, covering the cases under his supervision on October 1st.

The report is a good demonstration of the value of the probationary system. It is also credible to the man who has made a good record as probation officer.

On that day there were nineteen persons under probation to Mr. Buffum. Of these nineteen, fifteen can be said to be making good. Three of the nineteen were reported delinquent in their payments, but of the three, two gave lack of employment as the cause. The probation officer in these two cases reported nothing amiss in their conduct. One man was reported to have left the State without permission of the court, but when the judge found out that the man was at work, he excused him and permitted him to continue on probation. Only one out of the nineteen has failed.

Mr. Buffum says that the most good from the probation law accrues to the probationer and his family. It removes from his family the stain of having among them a convict who has served time in some penal institution.

"Furthermore," he says, "by being on probation, they are restrained or prevented from associating with old criminals in prisons, the results of which are so detrimental to the character of the young offender."

Could there be any more vivid condemnation of the jail system?

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## MRS. HEALY NEVER A PATIENT AT KANKAKEE.

In the June, 1915, INSTITUTION QUARTERLY was printed an article under the heading "Healy's Paintings at Kankakee State Hospital."

In this article appeared the following words: "There was a great tragedy in Mr. Healy's life. This institution was the stage upon which it was acted. It formed the inspiration of some of these paintings. All of them were painted with the view of alleviating the rigors of hospital life for one who was near and dear to him."

This article aroused a great deal of interest throughout the United States. Among the letters which followed its publication, was one from a gentleman in the northern part of the State who inquired what was the great tragedy in Mr. Healy's life. To him it was replied that Mrs. Healy had been a patient at Kankakee. He evidently communicated with Mr. Healy's daughter, Mrs. Lysander Hill, of Chicago, who then wrote to the State Charities Commission asking for the basis of this report.

In brief, the correspondence established the fact that Mrs. Healy was never a patient at Kankakee. It destroys a piece of fiction which for years has been associated with the Kankakee hospital. For a long time it had been understood about this institution, and especially about the cottage in which most of the Healy pictures were hung, that Mrs. Healy had lived there,

The writer well remembers his first trip to Kankakee six years ago, and his expressions of admiration of these pictures, and his hearing at that time the story that Mrs. Healy had lived in that cottage.

Other correspondence followed the publishing of this article in the QUARTERLY, some of it by men who should have known the facts but who did not call our attention to this error.

It seems that Mr. Healy was a very warm friend and admirer of Mr. McCagg, who was president of the Board of Trustees of this institution. Mr. McCagg interested him in the insane and it was through this interest that Mr. Healy painted these pictures and presented them to the institution.

We regret the publication of the error, and believe that this statement will dissipate a bit of fiction, the source of which it would, of course, at this late date be impossible to trace.

## SIDE LIGHTS ON OUR JAILS.

Some of the daily reports, hastily written by Miss Annie Hinrichsen, the Charities Commission's inspector of jails and almshouses, throw side lights which disclose some very interesting situations. For instance, the following about Henry County:

"In the Henry county almshouse, I found an old man who had been kept in a barred cell for two years. The reasons given were that he would not keep his clothes on. The old fellow stood at the barred door of his cell almost naked. He will not speak to anyone. He is said to be quite well-to-do and the county is paid for his care. The superintendent of the almshouse was away and his sister was showing me the place.

"I went back to Cambridge and called up County Judge Telleen. The judge seemed disturbed and said emphatically that such a condition should not be permitted. He said that he would take up the matter at once and send the man to Watertown.

"At the county jail I found a condition different from any that I have yet encountered. Patrick O'Grady served with honor in the Philippines and was discharged, his papers say, on account of a disease of the lungs. A pension of thirty dollars a month is given to Pat. Pat lives in Kewanee and at frequent intervals gets very drunk and tears up the town. Then Pat gets a jail sentence and is sent, with all his t. b. germs, to the county jail at Cambridge. Pat is a sick looking specimen.

"The county jail is an old stone dungeon, kept as clean as possible. But no sunlight and little air or light can get into it. There is no bath tub. Men and clothes are washed in an ordinary laundry tub. In the same room with Pat are locked ten men. The sheriff's wife feeds Pat well and does the best she can for all the prisoners.

"I went to the jail physician, Dr. J. E. Westerlund, and found him anxious to do the right thing by Pat and the other prisoners, but absolutely in despair over the situation."

In the Lake County jail she found a boy who was waiting to be taken to St. Charles. She says:

"The poor kid was sobbing and crying in a way that suggested the whimpering of an animal. He had a silly face. He told me he was nineteen, then that he was fifteen. He said he was born April 15 in the year June or August, he did not remember which. He had had one St. Charles experience and had been released. He said he could write and when I gave him pencil and paper I found that he could not make a single letter and can not read.

"He has been in jail many times. He is a pervert of the most disgusting type, the officials stated. He is unable to take care of himself in any way and is a menace to the entire community. He is the oldest of a family of nine children and the entire family are of the lowest grade.

"The sheriff has been so busy with the millionaire Canadian statesman and Mrs. Durand's cows that he had not had time to take the boy to St. Charles. I talked to Judge Persons, the county judge, about the case and he said that he was most unwilling to send the boy to St. Charles but did not know what to do with him. He said he thought he was a fit subject for



a State hospital but that he was more feeble-minded than insane. The State's attorney, also, was undecided about the case, but it had been handled by his assistant and he was not familiar with the details. He went with me to see the boy, talked to him for a while and said the boy must be handled as a feeble-minded case and not as a delinquent. So this morning the boy was to be tried under the feeble-minded commitment act and sent to Lincoln.

"This is a typical case of the feeble-minded delinquent who under vile surroundings has become a repeater, a constant offender, a near criminal and a menace to the entire community. He is too old for St. Charles, not bad enough for Pontiac, and having been feeble-minded from birth, is hardly a fit subject for a State hospital. Lincoln seems the only place for him.

"You ought to see the way the millionaire contractor of Manitoba is cared for as a Federal prisoner. He was in the hotel, but Judge Landis heard of it and ordered the sheriff to lock him up. The sheriff took him to the jail, gave him a comfortable room with a special guard. The contractor was reading in the sheriff's office when I was there. The other men were locked in cells. I suggested that it would be a good plan to put the millionaire Canadian contractor in the cage with the other government prisoners, bootleggers, white slavers and dope sellers, and the deputy turned pale, raised a warning hand and whispered: 'Sh! he'll hear you.' They certainly admire their contractor. As the officials said, 'He's entitled to consideration—special and lots of it; he has a million dollars.'

This man is fighting extradition to Manitoba, charged with defrauding the government in a public building contract.

## CHICAGO'S CITY JAILS FROM A NEW ANGLE.

Miss Annie Hinrichsen, inspector of jails and almshouses for the State Charities Commission, has been studying the Chicago city prisons from a new angle. She finds in the county jails of the counties surrounding Cook, many men and boys who have had experience in the city lock-ups in Chicago and from them has learned some facts that were not obtainable in a hurried inspection of the lock-ups themselves. She writes to the Charities Commission as follows:

"Since I have been working in the jails in the counties around Chicago, I have seen a new side of jail life. Many of the prisoners in these jails have been through the Chicago jails and the stories they tell are the most sickening I have ever heard and I have heard some pretty bad ones.

"The stories of the Cook County jail are the worst. The guards, they say, are unspeakably brutal. Mr. Davies is good enough to them but the guards are not. The food, they say, is horrible. The vermin are most numerous. From the women I hear stories of a night matron who is harsh and cruel and of a day matron who is an angel of kindness. The stories are all alike with a few exceptions. The stories of the drug cases are the most interesting. These county jails around Chicago are filled with Federal drug cases and they have some weird tales to tell of the treatment given them in the Chicago jails. The poor things think, when they get into a county jail, that they are in Heaven and they think that some of these jails that I think are far from decent are 'palaces.'

"I have been able to talk to some of the striking garment girls about treatment and conditions in the Chicago jails and I have been greatly enlightened. I feel as if I were really seeing the jails from the inside."

## FINDING ENVIRONMENT FOR THE INSANE.

Insanity manifests itself in an individual's departure from his usual methods and modes of adaptation. Sanity and insanity and the many stages between the positive points in each is largely a question of adaptation.

Given 1,000 insane men and women, our duty is to provide for each an environment in which he can live and adapt himself with the least friction

and personal distress. This is the solution of the care of the insane. It means a course for each one, whereby his mental and physical energies will find some expression that will be satisfactory to the patient, harmless to his fellows and more or less profitable to the State.

Hence, we are interested in what the German institutional authorities are doing. They no doubt are further advanced in the work than any other people. The following paragraph clipped from a report of the Massachusetts State Board of Insanity contains the vitals of modern thought, actually worked into a practical program:

"At Bedburg, in Germany, a garden city for over 2,000 lunatics has been established. German doctors have recognized that the method of keeping lunatics in asylums is a mistake. The best way to cure them, they say, is to give them as much freedom and open air as possible. The garden city of Bedburg consists of 36 large houses, each capable of accommodating 80 to 100 patients. A large farm has been established and stocked with cattle and horses. Everything that is necessary for a small town, in fact, is to be found in the newest of garden cities. It has even a theater. The lunatics are free to walk about and to amuse themselves just as they like. They willingly work on the farm, and the women cook as eagerly and cheerfully for the others as though they were living in their own homes, free from insanity. The total cost of this ideal asylum was \$2,000,000."

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## A PATIENT'S IMPRESSION OF HOSPITAL LIFE.

An educated, intelligent school teacher, after spending three or four years in one of Illinois' State hospitals for insane, has, upon her discharge, written some of her impressions, made from time to time, while she was a patient.

A portion of these memoirs, if you could call them such, are valuable, because they give the outsider the inside viewpoint of a patient in such an institution. We are quite confident that there is considerable in this woman's account which might be used with benefit to the patients by members of the staffs and officers of the institutions. It is very seldom that a doctor, after a little experience in a State hospital, is able to see the patient from the patient's own viewpoint; in fact the disposition is to treat the patient as being without a viewpoint.

We can not always agree with this woman's interpretation of all events, though we must admire the somewhat bizarre strokes which she gives to the picture, but, nevertheless, in it, as we have said, are ideas that should be given consideration by those in authority.

She begins by saying that during her stay in the hospital, she was a diligent student of herself. "I stayed," says she, "with my subject twenty-four hours out of the day for over three years, and when I left the hospital I was soaked through and through with insane lore (crude to be sure)."

"What are some of the rasping problems, as seen from a patient's standpoint?" she asks.

The first one she mentions is the room in which two or more patients live. "To be thrown," says she, "in a room with a patient who does not care for fresh air at night and who occupies the bed in front of the window and has control of the window both day and night is a constant source of exasperation to both." One of her first and, in fact, worst quarrel was over the closing of a window at night. "After three years," she remarks, "that patient and I correspond. She was out long before I was, but we have a strong affection for each other."

The second annoyance to a patient is the ward tattle-tale. She complains that little effort is made by any one to minimize this evil.

A third point that she makes is that no effort is made to bring patients together in a social relationship. New patients are introduced upon a ward and left to their own resources to become acquainted with the rest.

Speaking of the physicians she says: "It always seemed to me that the doctors were our teachers and that they were the ones to whom we should go for help and assistance."

"In an insane hospital, a physician has a broad field of usefulness. He should know much of life. He has great need of the acuteness of a lawyer, —almost more than that of physician. He must often supply the place of relative to the lock-up individual. He must always be ready to give, give, give and never expect a reward, except the assurance that 'The reward for work well done is more work.'

"He has to stand between the outside world and the inside world, over which he should have a wonderful control. I've often felt that the ward doctor seemed afraid to assert his authority because he was so unable to grasp the true ward conditions.

"One of the first things that puzzled me was the lack of respect shown by the attendants for the doctors or their orders.

"One attendant, and especially a charge attendant, can destroy much good that a doctor would do, still it seems to me that if the doctor kept track of his orders and asked next round about them from both attendant and patient, then there would be less chance of errors."

She concludes that the horror of the place has worn off and that she feels that she would like to work among the "Tombs" and help cheer the faint, feed the blind and do all in her power to make life a little less hard for those who must live a rather more or less secluded life.

## THE GOLF COURSE FOR INSANE PATIENTS.

Pastimes and amusements in which patients can participate are the only beneficial kind; hence the opening of a golf course on the grounds of the Elgin State Hospital, and the active enjoyment of the game by patients, has aroused considerable interest, not only in this, but in many other states.

Metropolitan newspapers have noted it under big head lines and the wits have had plenty of opportunity to say sharp things; as for instance, B. L. T. in his Linotype when he says, "Golf is presented as a cure for insanity, but who can give us a cure for golf?"

But the newspaper handling of the opening of this course is entirely beside the mark. They treated it as an unusual occurrence with the elements of a good newspaper feature story.

The value of the experiment lies wholly in therapeutics and the fact that it opens a new field for patient participation in a healthful physical exercise and mental sedative.

Dr. Gahagan, superintendent at Elgin, to whom is due credit for the experiment, has written Dr. George A. Zeller, of the Board of Administration, the following letter:

"I wish to report excellent results on the golf links. Several of the most disturbed cases on the C wards have been taken out, who are principally engaged in personal assaults, breaking windows, etc., and have fairly quieted down as the result of fresh air and diversion gained on the golf links. I wish to especially report our friend, Eddie Maxwell, who has written you on many occasions. Since Eddie has had access to the links he has been very docile and thankful for the liberties given him. While Eddie was on the ward you will remember that on various occasions he was guilty of most violent conduct."

To which Dr. Zeller replied:

"Your report of the beneficial effect of the golf game is in line with every activity in which patients actually engage.

"W. B. Saunders & Co. have a new book on Occupational Therapy by Dr. Dunton, which you should have for every member of your Senior Class.

"I have always stood for the pastimes in which the patients actually participate. For that reason I have never held baseball or the institutional dance in high favor. I have been told of the "rooting" that patients do at the ball games but have never been able to verify it. Last summer Mr. Kern and I saw a game at Anna, at which five hundred patients were present. A player made a home run and not five patients even manifested a passing interest. I would encourage a team of patient players, but as at



present conducted, baseball is mostly for the employees, with the players generally playing on State time.

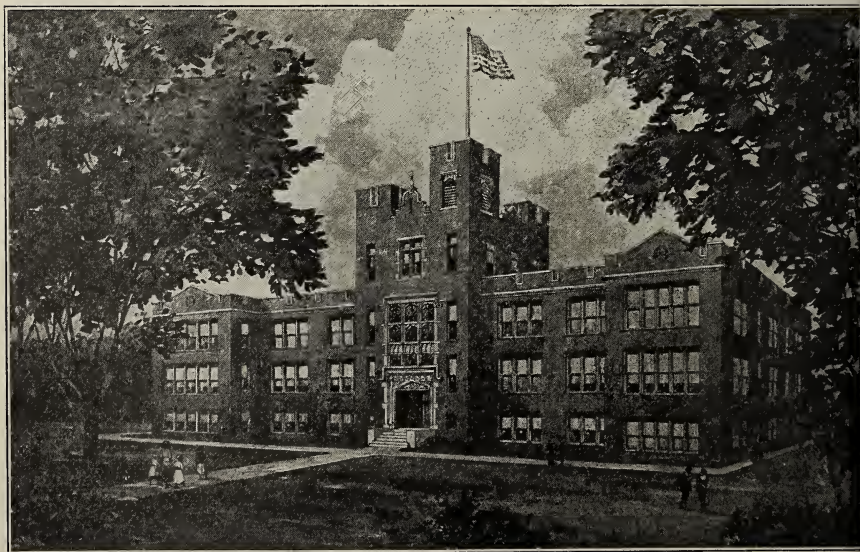
"This is also quite true of the asylum dance. In none of these do more than 5% of the patients actually participate, while 90% of the employees take part. Both of these entertainments were instituted for the over-worked employees when they had long hours and when the institutions were more isolated than at present. I am not insisting upon the discontinuance of either, but just giving you my views.

"Relative to the dancing many other objections have been advanced, but it is not necessary to enumerate them in so cursory an allusion as this note implies."

## HOYLETON HOME WILL REBUILD.

The Evangelical Orphan Home at Hoyleton, Illinois, was recently visited by a very destructive fire. The management has decided to erect on the site of the destroyed building a new structure to cost \$70,000. Of this sum \$10,000 represents the insurance upon the burned building. The rest of the money will be raised among the friends of the organization.

THE INSTITUTION QUARTERLY, in this number, prints a picture of the proposed new building. The corporation has supplied the QUARTERLY with the following brief history: The Orphan Home Association in the South Illinois District of the German Evangelical Synod of N. A. was organized in 1894, and was incorporated and commenced business in 1895. Its object is charity—charity bestowed upon poor orphans and homeless children in nursing, educating and training them to become good Christian citizens. This is performed in the Orphan Home at Hoyleton, Washington County. After 20 years of actual work this Home was totally destroyed by fire, June 15, 1915. All children, 85 in number, were saved. About 50 of these live in the Town hall, opposite the old Home and in the laundry building, and the others are cared for in good Christian homes until the new Home is completed. All are waiting for the new Home.



PROPOSED NEW BUILDING OF THE EVANGELICAL ORPHAN HOME AT HOYLETON, ILL.

July the 6th the Association decided to build a new modern fireproof home on the old site. The cost, including its equipment, will be from

\$60,000.00 to \$70,000.00 and about 85% of this sum will have to be raised by donations.

The main contract for the new building, which shall be completed March 1, 1916, was let to English Brothers of Champaign, Ill.—It will have room for 100 children, the superintendent and his family, a cook, kindergarten teacher and caretakers. Most children are admitted free of charge. For some the Society charges for board, schooling, clothing, from \$1.00 to \$8.00 per month.

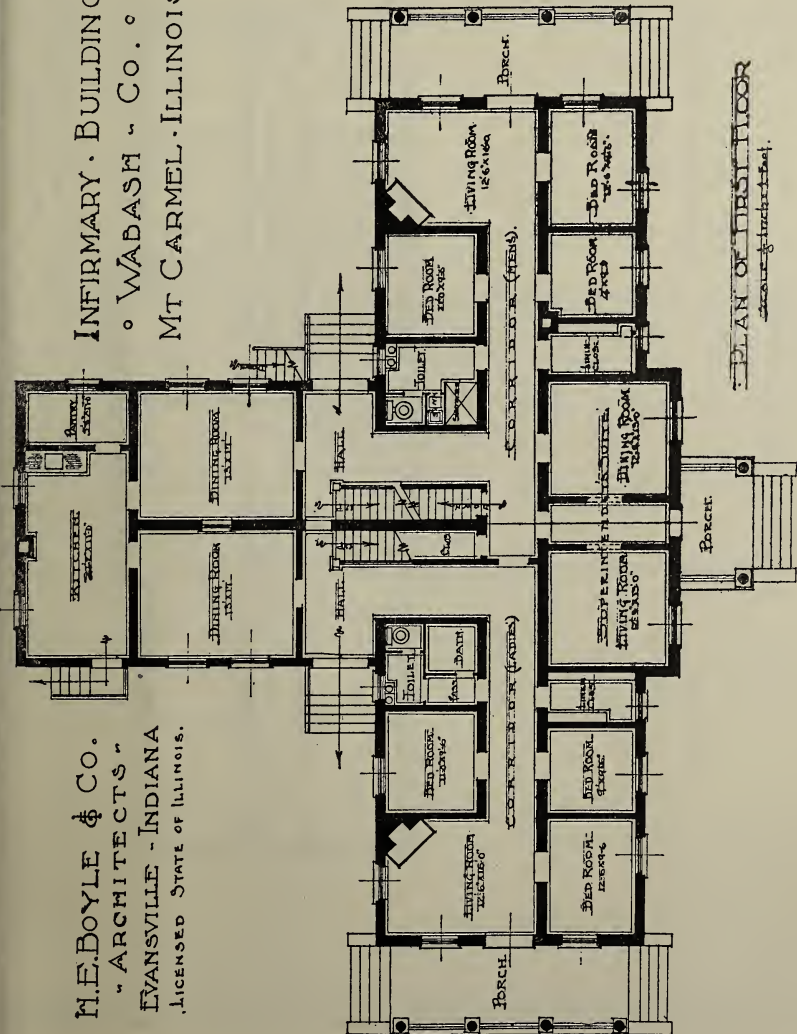
## WABASH COUNTY'S NEW COUNTY HOME.

[By HARRY E. BOYLE, Architect, Evansville, Indiana.]

The building is constructed to be as near sanitary as possible, considering the cost.

INFIRMARY BUILDING  
• WABASH Co. •  
MT CARMEL ILLINOIS

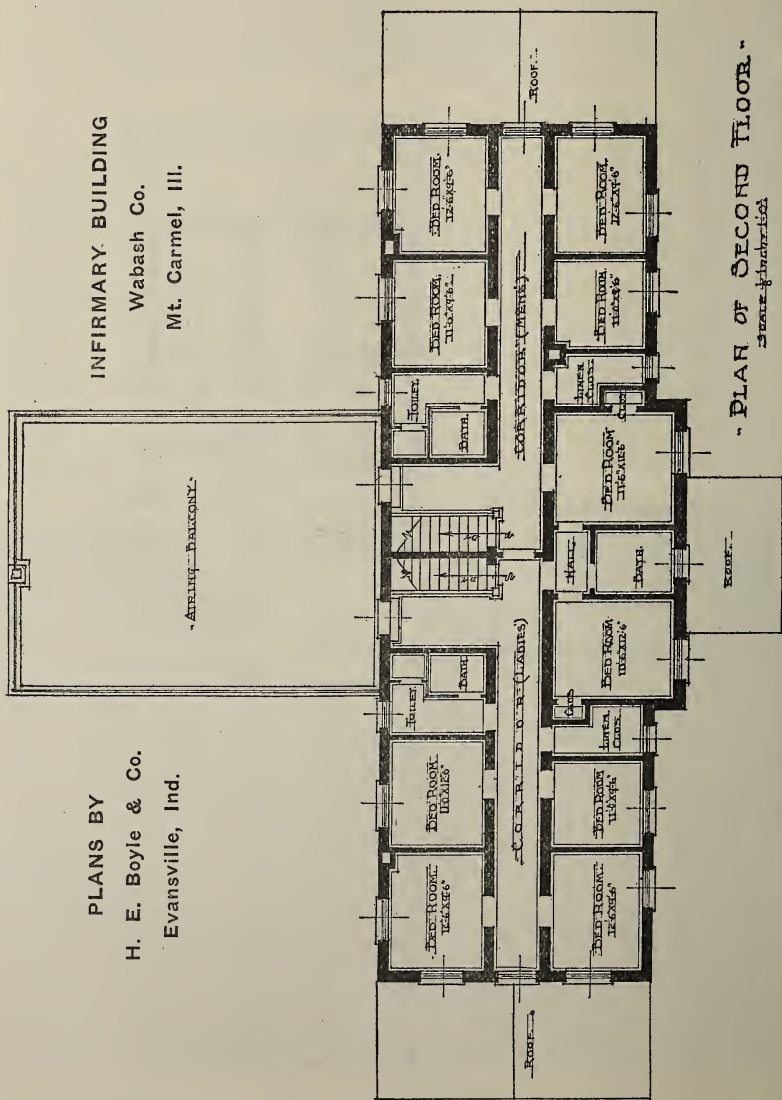
H. E. BOYLE & CO.  
"ARCHITECTS"  
EVANSVILLE - INDIANA  
LICENSED STATE OF ILLINOIS.



The exterior walls and partitions are of brick, making it impossible for sound to pass from one room to the other as well as making the walls vermin proof.

Hard cement plaster was used throughout and the wood trim eliminated as far as possible; also flat panel doors installed to prevent the accumulation of dust and lodging places for vermin.

The building is two stories with a high basement, the basement containing the automatic water system, heating system, vegetable and storage rooms and the cells for the incorrigible.





not come in contact in any part of the institution. The door in the partition between the men's and women's corridor, and in the rear of the superintendent's quarters, permits an inspection of practically the whole institution from one point.

The dining rooms and kitchens are arranged to require the least amount of labor. This wing being only one story high with an airing balcony on the roof for the convenience of airing the bed clothing, etc.

On the first floor, located at each end (one for the men and one for the women) are the large, well-lighted, airy and sunny day rooms, with large, old-fashioned fireplaces, which is as cheerful as a place of this kind can be made. Each room has a large porch across its front.

The entire institution is equipped with a complete electric light system, steam-heating and water system, sanitary plumbing, including shower baths, etc.

The exterior is faced with a brown, rough-faced, impervious brick, trimmed with stone with the best quality asbestos shingle roof, the whole making a very artistic building.

The building accommodates from twenty to thirty inmates and was erected for a total cost of \$15,000.00.

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## IMPRESSIONS GATHERED DURING A VISIT TO EASTERN HOSPITALS.

[By H. J. GAHAGAN, M. D., Superintendent, Elgin State Hospital.]

*Board of Administration, Springfield, Illinois.*

GENTLEMEN:—In a letter to President Kern of your honorable body, on July 18, 1915, I stated that I was dissatisfied with the patients' clothing as furnished to the Elgin State Hospital, and requested permission to install power machinery in my sewing room for its manufacture. My letter met with a generous response from Mr. Kern, who is in hearty sympathy with the project. I was instructed by your board to proceed at once to properly equip my sewing room. In order to secure the necessary information, Mr. James Hyland, secretary of the Board of Administration, and myself were given permission to visit state hospitals in other states engaged in the manufacture of clothing for their inmates. The itinerary of our trip was suggested by Mr. A. L. Bowen, executive secretary of the Illinois State Charities Commission, and was followed in the main. Mr. Bowen's report to Governor Dunne of his observations in many of the hospitals which we visited (see INSTITUTION QUARTERLY, volume 6, pages 22-60) was so complete that comment by us of the general description of these hospitals would be merely a reiteration. Our mission being to study the industrial phase of these hospitals we, however, did not hesitate in seeking other information dealing with general hospital management, which was generously imparted by the very courteous officers of the 12 hospitals which we visited in Maryland, District of Columbia, Pennsylvania, New York and Massachusetts. The following hospitals were visited on the dates mentioned:

### PHIPPS PSYCHIATRIC CLINIC.

Phipps Psychiatric Clinic, Baltimore, Md., August 13, 1915.

This hospital is under the direction of Dr. Adolph Meyer, who at one time was connected with the Kankakee State Hospital. Afterwards he became director of the laboratory and research work at Worcester, Massachusetts. This hospital accommodates about 60 patients. Hydrotherapy is extensively used. The laboratories in connection with this institution are the best equipped of any that we saw in the east, extensive research work in psychiatry being done here. This is the only place we visited where there was any special efforts being made in psychoanalysis. The male patients are dressed in khaki uniform. No clothing is made here. There was a special instructor in charge of a small group of patients, teaching them basketry.

Phipps Institute being in connection with the Johns Hopkins Hospital, we visited the latter place, which was such a wide reputation for clinical and research work.

#### SPRINGFIELD STATE HOSPITAL.

Springfield State Hospital, Sykesville, Md., August 14, 1915.

This is one of the finest institutions that we visited. It is located 35 miles from Baltimore in the Maryland hills. There are 1,560 patients here. The buildings are divided into male and female groups almost a mile apart, and midway, on a high plateau reached by winding drives, is located the new receiving hospital, occupied only a few weeks prior to our visit. This building is the last word in hospital construction and equipment. Material used in the building is red brick with white stone trimmings. The large front porch is reached by broad and imposing steps. There is an automatic passenger elevator, a food elevator being equipped in the same manner. The plumbing in this building is solid, substantial and beautiful. The hydrotherapeutic outfit was the most complete of any hospital visited. Connected with each ward was a porch nicely furnished. In no part of the building was there any evidence of screens or bars. Large, well-ventilated and well-lighted workshops are provided for the manufacture of men's and women's clothing, shoes and basketry. All clothing is cut out by electric cutters, afterwards being put together by patient help. The material is of very good quality. The forelady and cutter in the tailor shop and sewing room are the only paid employees.

#### ST. ELIZABETH-GOVERNMENT HOSPITAL FOR INSANE.

St. Elizabeth-Government Hospital for Insane, Washington, D. C., August 15, 1915.

We visited this hospital to-day and were very much disappointed in not meeting the superintendent, Dr. White, who was absent from the hospital. Dr. Dillon O'Neil, an Elgin boy, lately connected with the Illinois service at the Anna State Hospital, but now a member of the medical staff of this hospital, escorted us through. Clothing for inmates is manufactured here in large quantities. Uniforms are made for soldiers and sailors, light cottonade for the summer wear and soft woolen goods being used for the civilian inmates. Percale, cheviot and gingham are used for dresses and a heavy material for strong dresses, strong suits being made up for the men also. Sewing room and tailor shops are well equipped with the latest power machinery and electric cutters.

#### PHILADELPHIA, PENNSYLVANIA.

August 16, 1915.

It was our intention to visit the Norristown State Hospital, about 12 miles outside of the City of Philadelphia, but we were prevented from visiting this institution on account of a severe storm. Later in the afternoon, when conditions were more favorable, we visited the famous Philadelphia General Hospital, the oldest hospital in the United States. It was in the basement of this hospital where the first inmates were housed in this country. The small rooms have been entirely changed from their appearance as they were during the early days, so that we could gain very little conception of their environment. Suffice it is to say that the poor unfortunates lived in the basement. History is the only evidence of the manner in which they were treated. We hoped to find some data among the archives of the hospital, but were disappointed.

#### MANHATTAN STATE HOSPITAL.

Manhattan State Hospital, Ward's Island, N. Y., August 18, 1915.

The population of this hospital is 5,000, the entire island being taken up with the buildings of the hospital. The superintendent, Dr. Mabon, has been in the service a great many years. The manufacture of clothing for the inmates is extensively carried on in this institution. Five-power and seventeen-hand machines are used in the sewing room and tailor shop. Ten

suits for men are turned out each day, and from ten to twenty dresses. One employee in the tailor shop fills the position of cutter, director and instructor. He is a very valuable man and has been in the service a number of years and has developed a number of deteriorated praecox cases into splendid workmen. A good example of reeducation by occupation methods was demonstrated in this shop. The summer suits are made of cottonade material, soft woolen goods being used for the winter wear. Dresses for females are made up of cheviot, percale and gingham with heavy denim for strong suits. A novelty in strong suits for men is made up here consisting of goods four ply in thickness. These suits are supposed to be indestructible. Efforts to reeducate deteriorated male patients are undertaken in a small way in this institution. The instructor, an elderly German professor, manifests great interest in the work and it is indeed surprising to note the success which he has attained. We were entertained by the different inmates of his class by recitations, singing and musical selections. One exceedingly deteriorated individual with a little coaxing recited the Lord's prayer and read several paragraphs from a book. Pottery and light paper work was attempted quite successfully by these patients. What we saw here indicates quite favorably what can be done with the deteriorated class by perseverance. The lady in charge of the arts and crafts has several classes distributed throughout the various female wards. All of the pieces of fancywork, lace, flowers, basketry and brass work made up here is distributed to the various wards of the hospital for their adornment.

#### CENTRAL ISLIP STATE HOSPITAL.

Central Islip State Hospital, Long Island, N. Y., August 19, 1915.

This is one of the largest New York hospitals, having a population of 4,920. There are about fifty buildings on the grounds. The hospital is famous for its congregate structures of almost a mile in length and contiguous in character. The clothing for the entire patient population is made up in the tailor shops and sewing rooms. The shops are roomy, well-lighted and well-equipped with power machinery. The officers and employees of this hospital wear uniforms, the employees' uniforms being made up in the hospital shops. Other occupational work consisting of basketmaking, rugs and paper flowers is carried on here. There are several classes of fancywork distributed through the wards. Cement flowerpots are also made. We were escorted through the hospital by Dr. M. B. Heyman, assistant superintendent, who has been in the state service a great many years. Dr. Heyman is a very capable and energetic official. We were treated by him with the greatest courtesy.

#### HUDSON RIVER STATE HOSPITAL.

Hudson River State Hospital, Poughkeepsie, N. Y., August 20, 1915.

This is one of the finest state hospitals we visited. The congregate building is impressive in structure. Made up of red brick with ornamental trimmings. It is situated on an elevation above the Hudson River with beautiful sloping lawns and hedges, decorated with flowers of many hues, hydrangea in profusion. Although this building was erected in 1867, it far excels in beauty, both exterior and interior construction, that of the more recently built cottages on the grounds. The wards are connected with spacious halls, the alcoves roomy and homelike with a profusion of flowers everywhere. The dining room, connected with each ward, is cheery, the tables being supplied with spotless linen and a full quota of knives and forks, and decorated with flowers. On the more disturbed wards this elegance does not prevail to such an extent, but cleanliness of tables with polished floors, linens, rugs and pictures are the features. The clothing rooms on the wards were marvels as to the very orderly and careful manner in which the patients' and ward clothing is cared for. The morale of this hospital is fine. The heads of departments, being well-informed, were courteous and anxious to impart information. Our special mission being to study and investigate the manufacture of clothing, we were more than repaid by the information received in this department, the complete line of clothing for



both men and women being made up. The population of this hospital is 2,400. There are a number of cottages, the tubercular cases being cared for in buildings well adapted for convalescent and bedridden type. The laundry is well managed and equipment complete for sterilizing, washing and ironing. Dr. C. W. Cavanaugh, senior assistant physician, escorted us through the hospital and was very courteous. The superintendent, Dr. C. W. Pilgrim, was absent. Strong suits are used as in all of the hospitals we visited.

Restraint is used in exceptional cases. Knives and forks are denied the demented and disturbed patients. Attendants work from 6 to 8 o'clock. On alternate days they are relieved at 5 o'clock with one day off duty each week and an annual vacation of two weeks. There is a large amusement hall where weekly dances are held and a variety of other entertainments. Looms are used for weaving linens and rugs.

#### BELLEVUE HOSPITAL.

Bellevue Hospital, New York, N. Y., August 20, 1915.

All of the patients committed to the large State Hospital adjacent to New York are committed from Bellevue. This institution is similar to the Chicago Psychopathic Hospital. We were very much interested in our visit to this receiving hospital, where all cases from New York State are classified prior to commitment to state hospitals.

#### BOSTON PSYCHOPATHIC HOSPITAL.

Boston Psychopathic Hospital, Boston, Mass., August 22, 1915.

This institution is the psychopathic department of the Boston State Hospital and is similarly conducted to that of Phipps at Baltimore. Patients from Boston are brought here. The most likely of these to recover are treated, but all cases are given first-class observation and examination. The psychiatric clinic here has been developed until it is now recognized as the leader in this country. Dr. E. E. Southard, a brilliant, scientific genius, is director, and it is through his tireless energy that the various phases of the patient's mentality is analysed. Splendidly equipped laboratories with trained attendants are here to promote research. Social service department in connection with the out-patient department renders great assistance. The average daily population is 88. The facilities for treatment are the best, hydrotherapy being extensively and intelligently used. A roof garden is a feature of this hospital, where patients enjoy the benefit of fresh air and activity. Occupation in a small way for reeducation purposes is in vogue.

#### MASSACHUSETTS SCHOOL FOR FEEBLE-MINDED.

Massachusetts School for Feeble-Minded, Waverly, Mass., August 22, 1915.

We visited this remarkable institution to-day. There is a total of about 1,800 inmates here. Four hundred of this number are at the Templeton Colony, 70 miles away. Dr. W. E. Fernald, the superintendent, enjoys an international reputation as a pathologist and is a prolific writer. We were disappointed in not having the pleasure of meeting Dr. Fernald. The courtesies of the hospital being extended by Dr. F. G. Russell, a physician of the staff. Industries are carried on very extensively in this school. Clothing for patients being manufactured and a great deal of loom work is done. Shoes, hats, caps, brooms, brushes, baskets and matting are also manufactured. Dr. Russell states that everything the patient wears is manufactured at the school. Dr. Fernald's idea is to keep all of the inmates busy, and each has a task to perform. The school is divided up into the girls' dormitory for girls of school grade, boys' dormitory for boys of school department, buildings for adult males of the lower grade and separate buildings for the feeble-minded boys and girls of the lower grade. There is a building for the adult females of good bodily health, many of them graduates from the school department, who are employed in the domestic department of the school. At the farmhouse at the east building are the adult males, regularly employed in the farm work. There is also a well-equipped cottage for the bedridden, supervised by competent nurses. Indus-

trial training, physical drills and out-door recreation are indulged in by the inmates. Physical and manual training and kindergarten work is taught. Gymnastics and military drills are special features. There is a print shop where all of the printing is done and a paper published. The playgrounds are well equipped with swings, hammocks, croquet sets and tennis courts. Entertainments are provided for the inmates each week and they are varied in character. There is a zoo on the grounds containing a full collection of domestic animals, which affords great pleasure and instruction for the children. The farm colony at Templeton comprises 1,000 acres of land, which is rough and wooded, the cost price being from one to five dollars per acre. This land has been divided into several small farms by the inmates, there being a total of 180 acres under cultivation, supplying a sufficient amount of vegetables for the school at Waverly. Patients live in one-story wooden dormitories, adjacent to the farmhouse, supervised by employees. The boys enjoy the rough life of this colony and it is indeed remarkable what they have accomplished.

#### BOSTON STATE HOSPITAL.

Boston State Hospital, Boston, Mass., August 23, 1915.

This hospital has a population of 1,600. The superintendent, Dr. Frost, was formerly connected with the New York service at Buffalo State Hospital, as assistant and acting superintendent. Dr. Frost is also superintendent of the Boston Psychopathic Hospital. This hospital is well equipped for the manufacture of clothing, more extensive loom work being done than in any other institution we visited. Rug making, carpets of all kinds, toweling, flannels are manufactured here in these looms. Brushes, brooms and door mats are also made up. Dr. Frost has made many changes for the better care of the inmates.

#### MASSACHUSETTS EYE AND EAR INFIRMARY.

Massachusetts Eye and Ear Infirmary, Boston, Mass., August 23, 1915.

We visited this institution to-day and were very much interested in the manner in which the Social Service investigated the applicant for treatment. A nominal charge of 10 cents is required of each applicant as a registration fee. It is claimed by the lady in charge of the department that there is very little imposition carried on. The out-patient treatment was a principal feature, although a great number of operations for simple nose and throat affections were done in which the patients are placed in bed for two or three days and treated at a nominal charge. The operation and treating rooms are well equipped with most modern instruments and paraphernalia, well lighted and sanitary.

#### WORCESTER STATE HOSPITAL.

Worcester State Hospital, Worcester, Mass., August 24, 1915.

The population of this hospital is 1,475. Dr. E. B. Scribner is superintendent. The doctor has been in the state service for a great many years. The hospital is constructed of reddish granite taken from the hills adjacent to the institution. As one views the city on the train the building shows up advantageously on a high elevation, easily the most conspicuous in the city. Two great towers surmount the administration building, which is of congregate design, spacious corridors connecting the wings. The greater part of the population is in the main building. Manufacture of clothing for both sexes is quite extensive, the variety and patterns are well selected. Shoes for men and women, hats and pottery work is done. There is a special dining room for each ward, which does not meet with the appreciation of the superintendent. He hopes that his request for a congregate dining room will be granted soon.

#### BUFFALO STATE HOSPITAL.

Buffalo State Hospital, Buffalo, N. Y., August 24, 1915.

The superintendent, Dr. Hurd, being absent, Dr. King very kindly extended the courtesies. This hospital has 2,000 patients to care for. The

clothing not supplied is manufactured here. The shops are completely equipped with power machinery and looms, employing a large number of patients. The patterns for suits of both men and women are similar to the other New York Hospitals. Patients are also engaged in the manufacture of shoes and brushes. The steward of this hospital is a very competent official, having been in the service for years. We spent a very enjoyable hour with him, during which time we learned a great deal about the business end of the state hospital work.

### RECOMMENDATIONS.

Our observations and investigations as to the manufacture of clothing for patients recommend the installation of the system in the Illinois hospitals. Several reasons prompt us in our conclusion. First, it affords employment to the patient, who will derive benefit from a treatment and re-educational standpoint. Second, it will permit the making of patients' garments more varied and of better style, thus stimulating and restoring a pride in the patient temporarily lost by reason of his abnormal mental state. Third, it is more economical from a financial viewpoint.

### DEDUCTIONS.

In conclusion we wish to make some deductions of what we saw and heard in our visits to the various hospitals in the matter of management and general care of the inmates. A prominent medical officer in one of the large New York Hospitals asked us how Illinois was rated as to the care of the insane, comparing by states. Modesty prevented a reply. He then without hesitation volunteered to place his own state in the front ranks. We have great admiration for the New York hospitals, but informed our host that Illinois was rapidly coming to the front and New York must look to its laurels. The nonrestraint and greater liberties in vogue in Illinois hospitals was a marvel to the eastern authorities. A suggestion, "Why not remove the bars from the windows?" of the rooms of the very finest hospital visited was met with the reply, "That would not be considered." The patients in this hospital were housed in large, spacious wards, roomy alcoves, cozily furnished with all aspects of home comforts. The dining room tables furnished with a most complete tableware, napkins and flowers. This beautiful scene was marred by the hideous bar and screen. In all of the eastern hospitals restraint and seclusion is reduced to a minimum, the strong sheet, strong suit and camisole being the only evidence of a system happily disappearing in the care of the insane. Knives and forks are furnished, except to the disturbed and exceptionally demented cases; why not to these? Re-education permits it in the Illinois hospitals. Parole of the grounds of the hospital is carried on in a greater measure in the Illinois hospitals than in the east, as we observed it. Most of the clothing being made by the eastern hospitals the patients presented a very neat appearance. Clothing for the untidy and destructible class presents problems similar to those which confront every superintendent. This also applies to their care. Hydrotherapy is used in all of the hospitals—the continuous baths and packs mostly used. Special treatment with salvarsan has been tried with negative results. Psychoanalysis is attempted in a few hospitals, the patients thus treated deriving only a temporary benefit. The food for the patients was uniformly good with considerable variety and was well served. Patient waiters assist in the distribution. In two of the hospitals there seemed to be a lack of discipline in the dining room, scanty tableware, no knives or forks or table cloths. This condition, however, did not apply to dining rooms of the more quiet wards. Where civil service applies the superintendents are given permission to employ after giving applicants examination at the hospital. This is much better than the Illinois system where the names are certified by the commission, thus the service of a good man is often lost, as he is often placed at the bottom of the list and by the time his name is reached he has moved to an unknown address or has another position. The eight-hour system has not been adopted nor do the employees receive as good pay as in Illinois. In one of the eastern hospitals the female attendants start in at



\$14 per month and work 13 hours a day. The retirement or pension system is in vogue in New York. The small amount that the employee pays in each month stimulates to longer service. Much better employees can thus be moulded, this especially applies to the attendant, who becomes familiar with the characteristics of the patient. The facilities for transporting patients from the receiving service to the several hospitals near New York City are ideal, special boat and train service obviating the scenes incident to the system here.

The remarkable progress of your honorable board in the humane care of the insane, places Illinois in the front rank. We closely observed and noted every feature of hospital management presented, and we are pleased to report that our progress is commensurate with that of the eastern hospitals.

## REPORTS OF INSPECTIONS.

[By A. L. BOWEN, Executive Secretary, State Charities Commission.]

### ILLINOIS SOLDIERS' ORPHANS' HOME.

Illinois Soldiers' Orphans' Home, August 12, 1915: Edwin M. Van Petten was installed to-day as superintendent, succeeding Mr. Charles P. Bassett, deceased.

Mr. Frank D. Whipp of the Board of Administration was installing officer. I accompanied him at the request of President Kern of the Board of Administration and assisted in such manner as I could.

During the day we inspected every department and every room in the institution, Mr. Van Petten accompanying us.

The report of that inspection will not be news, nor will it be surprising to those who have followed this institution during recent years.

The physical plant, as I have frequently commented, is in wretched condition. The roofs of the two main buildings are leaking badly with the result that plastering has fallen in some dormitories and the walls and ceilings in many rooms, including the assembly room, have been denuded of paper.

The grass in the yard, except in front of the main entrance, had been uncut; the broken branches felled by the many storms of the summer littered the grounds.

The little building, formerly used as hospital, and now housing some of the employees looks like it had not been inhabited for years.

When the manual training building was closed for the summer, little attention was paid to the condition of tools and materials.

Water was left in some of the forges, tools were scattered about; we found dirt on the floors; material was every which way. The boiler house was littered up. Back of every building were piles of rubbish, condemned and uncondemned equipment, ashes, old bricks and the like which rank weeds had tried to shield.

At the pump house there are no floors; the ground in one room was deeply covered with grease and oil. The gardens were full of weeds and it was evident not much progress had been made by the new farmer.

We found the toilets connected with the first floors of the main buildings in deplorable condition, the urinals and stools were dry and the odor was heavy. These toilets, two in number, are connected with main buildings by latticed walks which are decrepit and broken down, in fact runways for rats and a discredit to a great State.

The kitchen and bakery, the general dining room were more satisfactory. The storehouse was in order and the laundry showed care and attention.

Over against this picture and furnishing a fine contrast, was the appearance of the children themselves. They were well-dressed, clean and clear-cut and polite in their manner, affording a fine demonstration that they are getting good training and discipline from those in charge of them.

The uninviting physical plant can not be charged to any dereliction of duty on the part of superintendent or board, but to the niggardly appropriations which have been made in the past. During a period of years the funds for repairs were woefully inadequate and the buildings degenerated. Since it has been evident that the institution has a worthy purpose to fulfill in caring for normal, dependent children, not necessarily children of soldiers, there has been an increase in these funds but not near enough to place the buildings in good substantial condition and it has been impossible to catch up with deterioration.

In addition to placing the buildings in good repair is the necessity for providing room for the increase in population. When school opens this fall the number of children present will be nearly, if not quite, 500, the largest on record. Much can be done to gain space by the exercise of some ingenuity in shifting population and in utilizing what is now unused. The old hospital building should be placed in first-class condition, and a portion of it devoted to schoolrooms. The employees who are now living on the second floor of the main building should be moved to the top floor and the children sleeping on the top floor moved to the second floor. There is some space, now unused, which can be brought into service by ripping out partitions and letting in the sunlight. The trustees' room is available for everyday use. The office can be moved to the room which now serves as its anteroom and the space now occupied for office purposes put to good use.

The reception parlors, in a pinch, can be utilized.

The hospital has been crowded all spring and summer. More than eighty cases of measles were treated there during the summer without complication or serious results. The disease was traced to a child who came in suffering from it and who communicated it to others before her condition was discovered. Two nurses have been on duty continuously. Due to this epidemic, it was impossible to segregate the boys suffering from ringworm, but this will now be done, as there is room in the hospital waiting them.

The sleeping tents for tubercular and anaemic children have been overhauled and are again in use.

The Board of Administration has purchased two sets of playground equipment, one for the boys and one for the girls. This equipment will provide the Home with as good playgrounds as are to be found anywhere. They have long been needed.

The last General Assembly made appropriations for a gymnasium and for an addition to the schoolhouse, the latter sum being \$3,500.

The present schoolhouse is a two-story brick, wholly unfit for school purposes. There is a one-story frame building in connection, which is occupied by the primary and second grades. A new schoolhouse is a pressing need at this institution and the next General Assembly is very likely to concede it. The \$3,500 available is not sufficient to do more, perhaps, than to add a couple of rooms to the frame building. If a new schoolhouse should be erected two years hence, this money would be almost thrown away. My idea would be to make arrangements to get along for the next two years with the present facilities and then ask for enough to erect a modern, adequate building. The \$3,500 could revert to the treasury in the meantime.

The gymnasium will not be erected until next summer. It should be a one-story, plain building with swimming pool attached. For the money, \$25,000, there should be erected a building with large floor area, the essential in a "gym."

The new superintendent is a resident of Illinois. He is a man in the prime of life. For nine years he served as superintendent of the Bloomington city schools. He has had the education, the training and the practical experience to make him a valuable official in this place. He was not selected because of political consideration or backing, but because it was thought that he was the best fitted and equipped to do the work that is to be done there.

As this is written he has been in charge two weeks and already evidences warrant the confidence that was placed in his ability to do things. All concerned in the welfare of this institution have turned their attention to its

needs and the money available will be spent to put the plant in as good order as possible.

The school is to be developed and made the equal of any in McLean County or Bloomington. The course is to be revised and new books, furniture and equipment purchased.

Under the favorable prospects some excellent results are expected here within the coming year.

In addition to this visit, which was one of inspection, I have visited the home on special missions on the following dates: Sunday August 8, and Sunday August 22.

#### ILLINOIS SOLDIERS' WIDOWS' HOME.

Illinois Soldiers' Widows' Home, August 21, 1915: I spent to-day at this institution, making an inspection of the buildings and grounds and meeting practically all of the members of the Home.

The population to-day was sufficient to require every room but two.

The waiting list has recently been increased by the application of several women who are more than eighty-five years of age.

The superintendent believes that women of this advanced age should have preference over those who are younger, an opinion which is sound.

The Home contains a number of members who are insane to that degree that they deserve the care and attention of a State hospital. In a small institution like this, their presence necessarily is distressing to the rest of the women. Several of these cases are restless and at times noisy. All of them could be cared for in State hospitals in much greater comfort to themselves and to the better service of those left behind. Their removal would leave rooms for applicants and would, in fact, make it possible to take in at once the more pressing cases.

The heavy rains this summer have been too much for the drainage system and it has been found that the tile leading to the river and draining the low garden lands have filled with willow roots. On several occasions the best land was overflowed and damage done to the gardens.

No complaints were made by any of the members but one whose criticisms of some of the methods and some of the employees were investigated, without results, however, in determining whether they were well founded or not.

#### JACKSONVILLE STATE HOSPITAL.

Jacksonville State Hospital, August 26, 1915: The population of this hospital was to-day increased by 150 by the transfer of seventy-five men and seventy-five women from Kankakee, making its total more than 2,100.

The transfer of these patients is worthy of a brief description. They were selected some time ago by the staff at Kankakee. For those who had friends or relatives or correspondents, permission for the transfer was secured by mail.

A few days before the date of transfer, a list of the names of the patients was sent to Jacksonville.

On transfer day, the Illinois Central backed a special train, consisting of two modern steel coaches and one baggage car into the Kankakee Hospital grounds, where the patients boarded it in privacy.

The baggage car was supplied with lunch, consisting of sandwiches, fruit and milk in great abundance.

The train left Kankakee as a special ahead of the Daylight limited. Aboard were Superintendent Kelly, a member of the medical staff, the hospital pharmacist, one male supervisor, one female supervisor and a complement of attendants.

At Springfield, Mr. Frank Whipp, member of the State Board of Administration, and Dr. L. C. Hill, superintendent of the Jacksonville State Hospital, joined the party and the train was switched to the Wabash tracks and coupled to a regular train, due in Jacksonville at 5.15.

At the Jacksonville end, whole wards and such parts of other wards as were necessary had been vacated by patients and new supplies of bedding and linen put into place.



The street car company provided ample cars to move the patients to the hospital.

The train stopped at the street car crossing, two blocks east of the depot.

Of course, there was a crowd of the morbidly curious at the intersection. Women brought their little children to see the sight.

It required police and hospital authorities to keep the crowds back. The patients alighted in order and walked to their cars, which were of the summer or open variety. Without a single "bobble" of any kind the trip was made to the hospital; the patients were taken to their wards and a few minutes after six, all were at the tables eating supper.

After this meal the supervising nurse in charge of the female side of the hospital decided that her new guests should all be bathed before going to bed and this was done and every woman was comfortable for the night by 8.15.

I walked through the male wards that evening and found the men contented, as though nothing had happened. From day to day, as the new patients are understood, they will be transferred to other wards. A synopsis of each patient's history, diagnosis and report accompanied the party, the originals being retained at Kankakee.

Those who have an idea there is no system of efficiency in these institutions, would do well to study this event, and those who believe that it is necessary to handcuff and manacle the insane, might gain a lesson from this very humane and decent exhibition of the effects of personal attention and order and kindly consideration of these unfortunate men and women. It was a fine demonstration that the new way is the better way.

To-day I paid a visit to every ward and department except the farm.

To accommodate the increase in population, it has been necessary to make many changes in the interior arrangement of the buildings.

The sixth floor of the main building was fitted up for employees.

The large building in the rear "center" in which many employees had lived, was taken for the patients and an open parole ward was established there, one of the best, by the way, in the State. There is one dormitory for about twenty-five. The rest of the men occupy single rooms which are comfortably furnished.

There is a third floor dormitory in one wing of the building which has not adequate exits and, until it has, it should not be occupied.

In the annex building there are two "centers," in each of which are many rooms, formerly occupied by members of the staff and employees. These have been taken for patients. Each "center" is provided with a day room and a dining room. In the male annex, accommodations have been found in this manner for fifty-eight men and on the female side for forty-five women.

The beds are new, frames, mattresses and linen. The rooms are very airy and pleasant, and a trustworthy class of patients will live in them, having parole of the grounds. These wards will not be locked, day or night.

The third floor rooms in these "centers" must be provided with fire escapes. There is only one inside stairway. It is not more than  $2\frac{1}{2}$  feet wide, contains two turns and lands at the top of the back stairs from the first to the second story. At the foot of the first floor is the kitchen. This arrangement, of course, is very bad and can be made safe only by erecting fire escapes on the exterior. When this is done more patients may be admitted.

The hospital still has room for about one hundred patients, but when they are received its capacity will have been stretched to a breaking point. Already some of the wards are beyond their capacity.

The tuberculosis ward has been painted on the inside, but not on the outside. The painters left the beautiful floors spattered and smeared with paint. Paint has also been applied to wards four, five and six on the male side of the annex. An effort has been made to cover a dark paint with two coats of white and it has been a failure. The walls are streaked and the woodwork, which was of natural finish, looks black.

Progress has been made, not only in opening wards and reclassifying patients, but there has been an extension of female help on male wards. On

all open male wards there are new women attendants. The same is true in the male hospital, and more are to be added as fast as the hospital can absorb them.

Picture shows have been given twice a week this summer on the lawn. As high as 520 have attended these exhibitions and it is hoped to increase his number to 1,000.

The strong suits, also known as the "Teddy Bears," have been abolished and the bull pens have been abandoned.

The reinforced concrete construction of the walls about these pens alone prevents their complete removal.

A hydrotherapeutic ward has been organized in each side so that patients requiring this treatment may live nearby.

The kitchen and dining rooms have been opened at the nurses' home and meals are now served there.

There is an appropriation for a new kitchen; otherwise, I might be tempted to say some things about the present inadequate quarters.

There were some odors which are not necessary. The "sump" at the bottom of the elevator shaft in the kitchen was not in good condition, and in the tunnels, I found too much junk and a lack of attention to cleanliness. There is a refrigerator in the basement adjoining a tunnel. This is certainly not a desirable place for it either for economy or efficiency.

At the storehouse I found the winter clothing and supplies are on hand. The meat and vegetables in the cold storage looked exceptionally good.

I thought the engine in the ice machine was pounding, but the engineer did not know.

The only criticism in the laundry is the same criticism to be made at all institutions, namely, that they are conducted largely for the benefit of the employees. According to those in charge, this laundry works nearly two-thirds of the time on the clothing of employees. Few of the clothes for patients are ironed. These remarks are applicable to every institution I have visited, either in this or other states. Patients frequently complain that they seldom get an ironed shirt and collar, or a starched and ironed dress.

There have been several changes in the medical staff. Dr. Frank Stubblefield, for many years in charge of the Annex, has been made medical director of the Alton State Hospital. Dr. W. A. Ford has been transferred from Watertown State Hospital. Dr. Alice Smith has been transferred from Chicago State Hospital to take the place of Dr. Wilma N. Jacobs, transferred to Chicago State Hospital.

### ILLINOIS SOLDIERS' AND SAILORS' HOME.

Illinois Soldiers' and Sailors' Home, August 27 and 28, 1915: The health record at this home is its best recommendation. It answers criticism and complaint. I have inspected this institution and have given special attention to sanitation and health.

First is the death rate. In June of this year there were six deaths; July had only fourteen; so far in August six have died.

Of the fourteen who died in July the average age was 77 1/7 years. Four of them were over 80; only one was under 70. Their total age was 1,080 years.

So here we have an institution housing about 1,500 old people, of whom 1,100 or 1,200 are veterans of our American wars. Their average age is about 75 years. They are carrying the bruises, scars, infirmities and disabilities of the soldier's active life in actual war, yet they are so well cared for, their food so apportioned and their diet so regulated that I found to-day less than 200 in the hospital, of which number not more than a dozen were in bed. The demented and paralyzed men were up and about, and were being attentively cared for; yet in the three months of summer there have been only 26 deaths. Such a record speaks well, of course, for the stock from which our Civil War soldiers were drawn, but it is equally to the credit of a humane State that in their declining years and in their weaknesses and disabilities, they are so well succored that they have reached this advanced

age, nine out of ten of them in the possession of their faculties and able to enjoy life.

Nor would it be fair not to pay just compliment to the deportment and conduct of the men and women of this home.

Intoxication is the failing of a very, very few. In recent months what is known as "court," wherein serious breaches of personal conduct must be investigated and adjudicated, has been necessary, only occasionally.

A newspaper published in a city in which a National soldiers' home is located, recently reported on pension day, the presence of 54 old soldiers in the city lock-up and 72 in the camp guardhouse. Such a record is not even approached at Quincy.

Praise is due to the city and county officials, to the employees of the street car company, and to the people of Quincy in general, for their very sincere and kindly attention and protection which they give to the members of the home.

Robberies and like offenses against the men are almost unknown. The police and sheriff cooperate with the home officials in looking after the welfare of these men. The attitude of the newspapers towards them and the home is good.

There is very little to report as the result of this visit. Kitchens, storehouses, bakery, dining rooms and the like, I found very clean and orderly. Something that struck my attention very forcibly was the absence of flies where they would be expected. The garbage cans, standing outside the cottage dining room doors, were without exception free from them, indicating a thorough scalding at the boiler house.

The interior of the storehouse recently was whitewashed—a very much needed application which adds materially to looks. A contract has been let for a new floor in the butcher shop. A new brick building for storing plumbing and machinery supplies is nearing completion. Overhauling of portions of the power plant will soon commence, and the residence and greenhouses will be heated from the central plant, thereby doing away with a costly heating plant at this group of buildings.

The amusement hall and chapel, known as Lippincott Hall, is being redecorated on the interior. The first floor and certain of the exterior woodwork are to receive attention later. In the main hospital, the floors are being repainted and new rubber carpet is to be laid throughout. All beds are being repainted white and some new plumbing is being installed. Bids are being received for the erection of spiral fire escapes on this building. The escapes which are now in position are of the stair type, but the flights are too long and the type itself is not suited to this class of patients. The stair escapes are in excellent condition and can be used at other institutions, or a part of them might be put on cottages here, which have third floor attics in which men insist on living.

The grounds are pretty. There has been an abundance of rain, which has kept them green. Flowers and shrubbery have done well. The roads were oiled early in the season, thereby solving the dust problem very effectually.

Wednesday night, August 25, electric wires set fire to the roof of the street railway waiting station in front of the administration building. The city fire department was called to extinguish the flames. This serves to recall the unpreparedness of this institution to fight fire. It has never suffered from this cause, but in case it did, the city department would have to be depended upon. The city pressure at the home grounds is not sufficient to be of use without a steamer. There is little fire-fighting apparatus on the grounds. In the buildings there are fire buckets on every floor and small hose reels. In the hospital corridors there are fire hose, but of small dimensions, and if the pressure were not high it would be of little value. The grounds are well supplied with hydrants and there is an ample water supply in an artificial lake near the administration building, from which a steamer could pump.

The cottages, with three or four exceptions, are only two stories high, but there is only one stairway connecting the floors. The means of egress on the outside would be of no practical value to men of their age.



The three-story cottages are a menace to the men who want to sleep on the third or attic floor; for there is only one stairway to the second floor and small facility for escape by outside means.

All these years the home has run along under these conditions. Ten years ago the men were able to take care of themselves much more readily than they could to-day under stress of panic and danger.

I think the question of better protection against fire and of fire drills in the cottages and hospital is one deserving of serious attention.

Superintendent Andrew has prepared a report covering the last three years—each year ending June 30—in which he shows that on the productive side of the institution there has been a decreasing expense and an increasing income.

The receipts from the garden, farm and dairy, either consumed by the institution or cash for same remitted to State Treasurer, were as follows:

Year ending June 30.....	1913.	1914.	1915.
	\$16,571	\$15,137	\$20,765

The expenses on account of the farm, garden, including dairy and horse barns, stock feed, veterinary service, etc.:

Year ending June 30.....	1913.	1914.	1915.
	\$14,768	\$13,520	\$11,833

The salaries and wages in the store, barber shop, bakery, farms, barns, dairy, etc., were as follows:

Year ending June 30.....	1913.	1914.	1915.
	\$8,644	\$8,651	\$8,396

On May 20, 1913, there was a deposit in various trust funds of \$27,000, drawing no interest. Since May 20, 1913, interest has been collected, totaling \$1,854.

The average cost per capita of the thirty-one State homes for the year ending June 30, 1913, was \$291.26. That of the Illinois home was \$156.77. During that year the State received from the Federal Government in support of this home, the sum of \$117,378.

In this connection he submits figures from official reports showing that the per capita cost at Quincy is very much lower than the average per capita cost of 31 state homes for soldiers and sailors. For the fiscal year ending June 20, 1915, the Illinois home reported a per capita of \$156.77, the lowest among the 31. North Dakota was highest with \$498.10. New York reporting with \$240 at Bath and \$252 at Oxford, and Pennsylvania \$345, are of Illinois class in point of population, so that fair comparison may be drawn between the two.

Following are the figures for all the 31 states:

Average cost per capita, as reported by the several state soldiers' homes, during the fiscal year ending June 20, 1915.

California .....	\$240 39	New Jersey (Kearny) .....	\$243 32
Colorado .....	261 59	New Jersey (Vineland) .....	280 66
Connecticut .....	331 91	New York (Bath) .....	240 27
Idaho .....	277 55	New York (Oxford) .....	252 46
Illinois .....	156 77	North Dakota .....	498 10
Indiana .....	205 28	Ohio .....	224 37
Iowa .....	180 00	Oregon .....	197 00
Kansas .....	235 27	Pennsylvania .....	345 87
Massachusetts .....	297 12	Rhode Island .....	310 51
Michigan .....	198 72	South Dakota .....	382 20
Minnesota .....	229 55	Vermont .....	354 58
Missouri .....	205 25	Washington (Orting) .....	186 08
Montana .....	245 45	Washington (Port Orchard) .....	200 58
Nebraska (Burkett) .....	178 28	Wisconsin .....	214 84
Nebraska (Milford) .....	246 24	Wyoming .....	310 66
New Hampshire .....	298 30		

The population to-day was 1,103 men and 249 women, a total of 1,352. The indications are that the home will be more crowded than ever this winter. Thirteen married couples are now separated, because there are no accommodations in which they can be placed.

In order to develop any complaints that might exist among the members of the home, Superintendent Andrew, at my request, had the following notice read at supper in all cottages, on Friday evening, August 27: "Mr. A. L. Bowen, Secretary of State Board of Charities, will be at headquarters at 9.00 a. m., Saturday morning. Any one that has any complaint or grievance is invited to call on him. Sergeants please read to members."

On the following morning I waited the arrival of those who wished to see me in response to this notice. One man came to ask that sugar be placed on his cottage table. He did not make complaint, but attributed the absence of sugar to oversight.

I spent the day on the grounds, visiting cottages and talking to members of the home, but there was no complaint. I visited the hospital and spoke to all those present.

I am still of the opinion that in those cottages where there are women, there should be table linen and chairs with backs. I know the women would appreciate them. Among the men there is division over the question of chairs and tablecloths, but among the women there is none.

The kitchen needs a range; it has needed it for a long time. The old range is out of commission. All the food must now be cooked by steam. The kitchen has been improved by the removal of an old engine and the addition of a large milk cold storage. I have mentioned the grounds in the foregoing. They deserve more than passing comment. I have never seen them in such good order. There has been an abundance of rain this season, but aside from that, the grounds have received attention and the flowers are there in profusion. Wherever you turn you see a bed of blossom. Advantage has been taken of the decorative possibilities of the old-fashioned flowers and the effect is good.

Several years ago a large number of apple trees were planted on these grounds. They are now at their best age. This season they were loaded with apples, but the fruit has been ruined by the scale. Either these trees should be cared for and the scale eradicated, or else they should be cut down, and to this extent protect other fruit growers in that section of the State from contamination.

This scale has been in these trees for at least three years and several times I have recommended some action. It seems to me that the trees are worth saving. There are enough apples on the trees this summer to supply the home during the winter. Their monetary value would not be insignificant, if they were edible. If their value is not sufficient to warrant spraying, then the State should destroy the trees and their pest. Illinois has no right to propagate upon its own grounds a parasite that is so deadly to fruit interest. It is little less reprehensible than maintaining foci of foot and mouth disease.

#### PEORIA STATE HOSPITAL.

Peoria State Hospital, July 26, 27 and August 3, 1915. Nearly all of this great hospital was inspected on these three dates. There are yet a few wards which are to be visited to make complete the second tour of this year.

Naturally in the three visits, I saw many of the patients. Complaints were very few.

Much work in improving the physical property was noted. The reception ward for men was complete and ready for occupancy, but was awaiting the arrival of furniture. A concrete tunnel was in process of construction from the main trunk south past the new building to the amusement hall.

A new ice and refrigerating plant was being installed. The lines to the cold rooms in the storehouse had been completed and were in working order. The brine tanks for the manufacture of ice were being erected at the time of these visits.

Many improvements in the power plant were being made or were being prepared for. These include the addition of generators and engines in the electrical department.

The roads were receiving attention. The main east and west road was being curbed and guttered with concrete. Much has been done in grading and beautifying the grounds surrounding the hospitals, the administration and employees' buildings and the reception cottage for women.

Bids were being taken on the rehabilitation of the C row of cottages. Funds will soon be available for two new tubercular cottages and one building for working male patients.

#### WATERTOWN STATE HOSPITAL.

Watertown State Hospital, September 14 and 15, 1915: Two day trips, one night trip through the whole hospital, excepting two wards and the farm colony, and two meetings of the staff furnished me enough to occupy the two days spent at this hospital.

Due to resignations and transfers, the staff had been reduced to three, including the assistant superintendent. The forces on the wards were likewise low in numbers, but I found everything in very good condition. The employees on duty made a good impression. The hospital at night was very quiet, notwithstanding the heat and storms, and I found little to criticise in the conduct of attendants and nurses.

The first picture show in the new amusement hall was given on the evening of the 14th with about 500 patients present.

A very decided improvement has been made by the removal of the screens from the porches of the female infirmary. This is the first step in this reform at this institution, and it is to be hoped other cottages will receive like attention.

This building is occupied by old and infirm women. It is one story in height. The porch is wide. No attempts at escape have been noted and the high balustrade prevents accidents by falling.

The new buildings are not yet complete. The heavy rains have made it impossible to finish grading and all three structures are almost isolated by the mud. Tunnels to connect them with the main power plant are unfinished as a result of the floods.

The concrete roof of the largest building expanded, damaging the brick and stone cornice and necessitating considerable work to make the repairs. The indications are that it will be some time before these buildings can be occupied.

To connect the nurses' home with the power plant requires a long tunnel, a portion of which will be far underground and a portion level with or above the surface. The excavations have been made and work has started on the concrete work.

A large new boiler has been set in the power house and is in working order. The boilers have all been connected with the new stack, so that the steam plant is now in excellent condition, and ought to be ample to keep the whole institution warm this winter.

The training school has opened with nine seniors, all of whom expect to complete the course.

The operation of the eight hour day and the one day of rest in seven rule is producing good results, and the new order relative to automatic increases of wages is highly satisfactory. The chief nurse told me that these reforms have already manifested results in the better spirit and attitude of the men and women on the wards. They are more contented and are staying longer, and are taking more interest in what they are doing.

This information came voluntarily and was very pleasing.

All wards are very crowded, but good order and discipline are being maintained, and at night the ventilation was found to be good in almost every section of the buildings.

Work is in progress towards augmenting the water supply. The situation at times is acute. A pipe line from the Mississippi River is being laid, so that there will be ample supply when the new plant is in.



On this subject I have written the following letter to the Board of Administration:

"September 20, 1915.

"Board of Administration, Springfield, Illinois.

"GENTLEMEN: I visited the wards of the Watertown State Hospital on the night of September 14, 1915.

"I have always known that the water question at Watertown was somewhat acute, but what I learned on this trip revealed for the first time its alarming nature. Probably you are even better informed of conditions than I am, but no harm can be done by my reporting to you what I found.

"My first question was prompted by finding a patient who had soiled himself. The attendant told me he would wash the patient as soon as there was water. Further questions brought out the fact that the ward frequently was without water at night.

"Other nurses and attendants told me that the water is shut off sometimes as early as 11 o'clock at night, and that it remains so until 4 or 4.30 in the morning. The hours of shutting off and turning on, vary from night to night, but it may be said, that on the average, the institution water supply is shut off from four to five hours each night.

"During this period, closets are unflushed and, in the untidy wards, patients who soil themselves and their beds remain in their filth until water is available for bathing.

"At 12.30 on this night, there were just 6 feet of water in the reservoir.

"In case of fire at any hour, day or night, the institution would be almost at the mercy of the flames, because the supply is nearly always low.

"The object in shutting off the water at night is to give the pumps a chance to fill the reservoir against the next day's demands.

"The situation will be relieved, when work now in progress is finished, but on the two days I was at the institution, it appeared to me that it was not being prosecuted as rapidly as possible. I may be, probably am, incorrect in this; for I do not know all the facts.

"This condition of affairs existed before your time or mine. With the Mississippi River within half a mile and the State's land touching its edge, it seems almost incredible that during all these years, this water problem has not been solved.

"Yours respectfully,

"A. L. BOWEN, *Executive Secretary.*"

Since my last visit a resident dentist has been installed. Watertown is the last State hospital to add this officer to its staff. He has been quartered in the office of the supervising nurse in the C building. I regret to report that I found his instrument case and his instruments in a very unprofessional condition, and that I was compelled to call the superintendent's attention to the evident lack of attention and efficiency in this department. The dentist's attention was likewise called to these conditions, and I believe improvement will result.

#### ILLINOIS STATE SCHOOL FOR BLIND.

Illinois State School for the Blind, September 16, 1915: This institution opened September 8, with about 20 more pupils than were present on the first day a year ago. The prospects for a successful school are bright. The teaching corps is the same as last year, except that one teacher has been detained by sickness, and a very excellent substitute has been secured to act for her.

I saw a number of new faces among the pupils. Two little boys had failed to fall into the new life and their teachers and housemothers were having difficulty in reaching them.

No material changes have been made in the courses of study, which is disappointing to those, including the superintendent, who want to extend the course so as to give the older ones the advantage of two years of high school work.

The vacation period was devoted to much needed repairs and to the erection of one new building.

Though much of the repair work does not show for itself on the surface, it was very imperative by reason of the many years of neglect of the physical plant of this institution.

For instance, the joist under the tile of the corridors of the first floor of the main building had dry rotted. The tile had to be taken up and new joist put in. Similar conditions existed in other portions of the institution and in the barns and granaries.

The superintendent's quarters, after many years, have been redecorated and refurnished, in excellent taste.

The smokestack at the power plant has been repointed to such an extent that the work amounts almost to a rebuilding of it. The power house has been given attention and placed in good order. There remains yet considerable work to be done in this department.

The new building is for cold storage. It adjoins the kitchen and will be sufficient in size to care for all the food supplies. It will be equipped with an ice machine which will make a small amount of ice and provide refrigeration for the cold chambers. This school has never had anything of this kind. All meats and milk and the like have been kept in ice boxes, which have been unsatisfactory. For some time the meats have been kept at the school for the deaf, two miles distant, and have been transferred each day as needed. The new plant will greatly facilitate the work of the kitchen and provide much better food for the tables. The pillars and portions of the walls in the main dining room have been repainted.

The lawns have been improved and looked well. Plans have been drawn for enlarging the fire protection equipment, and the installation of larger mains and more hydrants. In doing this the driveways will be shifted to add to the beauty of the grounds and to their own utility.

In the dormitories the bedsteads have been painted and the mattresses renovated and in many cases new ones put on. New springs have also been provided wherever there was the least need for renewing.

The little hospital building is in need of some equipment, such as a desk and a medicine case, and other little things which are necessary to its efficient conduct.

#### ILLINOIS STATE SCHOOL FOR THE DEAF.

Illinois State School for the Deaf, September 17, 1915: My visit to-day included short stops at all the schoolrooms and shops, and a tour of service, buildings and the grounds.

School opened Wednesday, September 15, 1915, and the enrollment to-day is 380, 20 more than were present on the third day of school a year ago.

Four new teachers are present, taking the places of those who resigned during vacation. All four appeared to be valuable acquisitions to the force.

Teachers and principal were a unit in saying that school has started off better this fall than ever before; that is, the number present on the opening day was largest, and there have been no interruptions or hindrances, such as are so often encountered in inaugurating a new year of work.

During the summer the plant has been much improved by substantial repairs. Some of the service buildings in the rear of the administration building have been painted a light yellow and the rest will receive attention yet this fall.

An expensive improvement is the laying of larger steam mains from the power house to the schoolhouse and other buildings. The old mains are too small and in recent years it has been impossible to keep schoolrooms and dormitories warm in severe weather. Many minor improvements have been made in the storehouse, so as to give additional room. The basement has been concreted and new stairs put in and the windows in the basement have been given new frames.

Two hollow tile silos are being erected at the dairy.

Radical changes in the drives, walks and paved areas of the institution are in progress. In this work has been included some space heretofore unpaved.

Good brick are being used, the grounds adjacent are being regraded and provision is made for large flower and grass plots, which will greatly enhance the beauty of the property.

So far no sickness has developed. The children, I thought, were in very good spirits. I saw only three who showed signs of homesickness. Their capacity to adapt themselves to changing environment, is quite remarkable. Even those who have come for the first time quickly fall into the ways of the school and make friends, all of which serves to take their minds from subjects that would make them unhappy.

The "print" shop equipment has been increased by the installation of a new Mehle, two-revolution press of the latest pattern, direct connected with electric motor. The old cylinder press has been rebuilt. The job presses have been put into good order and connected with individual motors.

New supplies of type and office furniture have been purchased. Machinery from some of the other institutions is to be concentrated at this shop. A typesetting machine is to be purchased. It is the intention then to do much of the printing for the Board of Administration and the institution under its control.

### LINCOLN STATE SCHOOL AND COLONY.

Lincoln State School and Colony, September 24, 1915: I have the honor to report a complete inspection of the physical plant of this institution.

The population has reached 1,720 or 240 more than were present when Superintendent Dr. Thomas H. Leonard was installed. Sleeping and dining room accommodations have been found for the increase, though the ward are much fuller than they should be, but the classes in the schoolhouse are impossible.

In some rooms chairs have been put in the aisles and children sit two in a seat. Some rooms have more children than the same teacher would be expected to teach in a public school. It requires no argument to prove that this condition works against the welfare of this class of children.

There is an appropriation of \$40,000 for a manual training and kindergarten building. This structure will, of course, relieve the pressure upon the present quarters.

The question of site for this building and the character of the building itself are now uppermost. There is a strong sentiment for a one-story building. If it were to be used for school purposes, such a building would be ideal but as it is to be more or less of a work or industrial center, I think a two-story building contains more advantages than the one-story structure. However, it is not a matter of great moment. The available sites rather favor the two-story building. Such a one can be built close to the present schoolhouse. A one-story building by reason of its larger area would have to be located at least 200 feet distant and would be out of harmony with the general plan of the institution.

The children now coming on are committed under the terms of the new law.

Some interesting things are developing. For instance, already the school is receiving representatives of that large class of youthful law breakers who have been unrecognized as mental cases and have been sent to correctional or reformatory institutions.

A recent admission is a boy of good figure and not bad face. He came from the Chicago Juvenile Court without information as to his character or disposition. The papers gave no intimation of the reason for taking him up and giving him a hearing--a very serious defect in the process and a handicap upon the school authorities in their efforts to place him.

The boy is apathetic to an extreme degree. He does not cooperate, is suggestible and answers in monosyllables. He says he stole an automobile. Whether he did or did not, it is very likely the theft of an automobile figure in his commitment. He may have been with a person who did steal it or he may have been a tool. It is a question whether he has mentality sufficient to drive or guide a machine.



He knows some letters, writes a good hand, writes his name but cannot spell it or call off the letters of which it is composed. In the environment at Lincoln, he will probably get along fairly well. Outside he would be the tool of evil persons and would attempt to carry out their suggestions.

But it is exceedingly important that the commitment papers give information as to the act or the method which brought the child into the court.

In the way of improvements, the additions to the boys' and the girls' cottages have been completed and in a few days they will be occupied. These additions conform to the general style of the old building, but unlike it, are fireproof and much better constructed.

The radiators have been elevated on the walls. Each radiator has two asbestos covered pipes from the floor up. The asbestos covering has been covered by a wire mesh. As there is a radiator between each two windows, the large number of covered pipes gives the room a peculiar appearance. It will be interesting to see what the children will do or attempt to do to them.

The girls' cottage was comparatively free from odors, but the boys' cottage was not so clean. For some reason the boys appear to be much more untidy in their habits and the number of wet and soiled beds is very much greater among them.

Each of the two immense buildings has its own kitchen. Superintendent Leonard is considering abandoning these kitchens and serving the dining rooms from a very good kitchen in a building nearby. The cottage kitchens are below grade. The kitchen, it is proposed to use, is on a first floor and well equipped. The plan looks good.

The ruins of the building known as Forest Home, burned several months ago, have been removed preparatory to the erection of the nurses' home.

The tuberculosis colony is finished and the furniture is being put in.

The third floor of the girls' hospital has been finished and accommodates eight or ten inmates.

New copper cornice is being put on the schoolhouse.

Arrangements are being made to install much new plumbing in the main building and new floors in several of the wards. The plumbing which is to be renewed is on the male side of the main building.

Modern playground equipment has been installed, one set on the girls' side and one set on the boys' side. Swings have been put up in the rear of the girls' and boys' cottages, as these children can not go to the front of the institution where the main playgrounds are located.

This equipment gives more pleasure than anything that has ever been done for the happiness of the children. The money was well spent.

I visited the service buildings, kitchens, dining rooms, food warehouses, etc., attended the meeting of staff in the morning and the training school class in the afternoon.

Dr. H. L. Harley, recently certified as psychologist by the Civil Service Commission, has arrived from Pennsylvania and has begun his work. Dr. Harley stood first in the examination.

#### ANNA STATE HOSPITAL.

Anna State Hospital, November 2, 1915: Female attendants have so far displaced men attendants at this institution that to-day I found only three wards in charge of males.

Every prediction of improvement in the care of patients and wards has been more than borne out by the results of this change.

The worst wards under male supervision have been so far improved that they hardly seem to be the same place.

Cottage X, under the new order, is the very best demonstration that any person would require to convince him that the policy of installing women on male wards is a success.

This cottage is a two-story brick building located in the rear of the main structure.

Each floor constitutes a ward. The first ward has been occupied by a large number of restless, disturbed, demented and more or less untidy and destructive men.

When I first saw it, I pronounced it the worst in appearance in the entire State service. The day room, dormitory and toilets reeked with disinfectant and deodorizers, which, mixed with the smells they were designed to submerge, made a nauseating atmosphere. The floors were rotten with scrubbing and in places had broken through. The toilet equipment was in ruins.

Outside, enclosing a clump of fine forest trees, was a high, tight fence covered with whitewash. This was known as the "Bull Pen."

In one corner of the enclosure was an old-fashioned privy.

Here in the summer one hundred of these men spent their days under the shade of the trees. Nearly all of them went barefooted. All of them wore blue overalls and blouses without underwear.

From the very first I insisted that conditions at this cottage should be improved. But the stockade was not removed until last spring, when Mr. Kern and Dr. Zeller suggested the possibility to Superintendent Goodner, who acted promptly. No untoward event followed the removal of this fence. The idle curious did not gather to gaze at the sights revealed, the men made no attempts to escape, none of them wandered onto the street car tracks near by. Then came the order to place stockings and shoes on their feet.

Male attendants, however, were not the ones to accomplish this task. Having roamed at will for years in their bare feet, these patients did not readily yield to the more humanized methods.

The final revolution came when women attendants and nurses were asked to take charge of this building. Nine were found who were willing to undertake the job of cleaning up the cottage and its inmates.

After a few days it seemed to be a settled fact that this building henceforth was to be administered by woman's hand.

The first thing they did was to ask for the obvious—they wanted new floors, fresh paint on the walls. These are now being furnished. The beds are to be repainted and refitted. The toilets and baths are new, having been installed just prior to the entrance of the women.

They worked also on the patients. Some very astonishing results are apparent in many of these men. Old sores and skin lesions which I have seen exposed were to-day under treatment and clean, fresh bandages. The men had been shaved and there were fewer scratches and cuts from the razors. Nearly all, if not all, had on shoes and stockings, and, despite the fact that the ward was badly disturbed by the workmen, there was little excitement among the patients. A room in the basement, easily accessible, has been repainted and otherwise placed in order as a dining room, and the dining room on the first floor has been transformed into a dormitory for 50 additional beds.

When the improvements under way are all complete this ward will be one of the best in the whole institution and the credit for the transformation, distributable as it may be, in the final analysis belongs to the women who have undertaken the work and have carried it out with such devotion and courage.

This is simply another demonstration of what we have been urging for a long time, namely, that our untidy, destructive, disturbed and demented wards are in the condition in which they are so generally found, not so much because of the patient himself but because of the lack of intelligent, diligent and careful attention on the part of his nurse and attendants. There has not been a single instance in Illinois where experiment has not proven this contention to be well founded. I am firmly of the opinion that every one of our untidy, destructive and demented wards can be brought out of their horrible state of animalism; furthermore, that, if the proper attention be given to the potential patient in the beginning, he can be prevented from sinking to the degree of degradation in which so many are found.

Not only has the substitution of men by women on the male wards been successful in this particular cottage; it has been a success in all the rest of the wards.

Since my last visit the new cottage for tuberculosis patients has been occupied. This cottage has been built on the plans adopted by the board as standard for all institutions. It accommodates about 50 patients. Being near the cottage for old ladies, the food for its patients is prepared there, to

the very great advantage of the sick. This kitchen is fully equipped and many of the old ladies are expert cooks, so that those in these two cottages enjoy the best there is.

The floors of the main building are to be renewed. Work has commenced. The old floors are worn out both in the corridors and in the side rooms and dormitories. On the female side on the top floor, the new bathrooms have been installed where they are very much needed on account of the character of the patients.

New bathing facilities have been provided in the annex building; on the female side tubs have been placed in a new bathroom in the basement. On the male side a large number of showers have been put in. The wards in this building have for some time been tremendously crowded. One male ward has as high as one hundred patients. The single tub on these wards was far short of the necessities. The new bathing facilities in the basement, while not ideal, are so great an improvement that their defects may easily be overlooked.

The grounds have been improved in appearance by the installation of a new lighting system, which does away with unsightly poles and arc lamps, and substitutes underground wiring and ornamental posts. The drives have been resurfaced and in front of the institution all drives have been curbed and guttered with concrete. The lawns about the new buildings have been graded, so that next spring, grass may be expected to cover the unsightly clay.

The staff consists of seven members, not including the superintendent. The training school has a better attendance than in a number of years. The latest model X-ray machine has arrived and has been set up in the laboratory. A trained hydrotherapist is in charge with excellent results. The equipment is inspected daily by the chief engineer and certificate issued if it is in safe order; otherwise it is cut out until repairs can be made. This is in line with the rules made, following the accident at Kankakee State Hospital several months ago.

Many of the wards have been recarpeted since my last visit.

The kitchen, which is a new building, shows signs of hard usage. The terrazzo, which was laid in the kitchen floor and in the hallways, has sadly deteriorated. I have not seen this material act in this way in any other institution. The scrubbing has washed out the cement, leaving the gravel and stone. Many blocks have cracked. The result is that the floor is never clean and from the decaying particles which lodge in the cracks and crevices there is always odor.

The electric wires in the main building are to be placed in conduit. The wiring in this building has been unsafe. Absence of fire, however, has resulted in some carelessness and there are places where wire has been drawn through wood casing without any protection whatever. The rewiring cannot be done any too soon.

The population to-day is 1,817.

It is gratifying to report that there prevails the proper spirit of hearty cooperation with the policy of the State in the matter of restraint, the eight-hour system, one day's rest in seven and other progressive measures which, it is desired, to make permanent in our charitable institutions. From superintendent down all have united to make these departures from institutional traditionalism accomplish the very best results.

#### CHESTER STATE HOSPITAL.

Chester State Hospital, November 3, 1915: In the absence of the superintendent to-day, I spent what time was at my disposal in interviewing patients who desired to see me, and did not make the rounds of the wards.

I tried to talk with all the patients who had come in since my last visit. In addition a number who had interviewed me on former occasions returned with their pleas.

Almost without exception, the subject they wanted to talk about was release, parole, or return to the prison from which they were transferred. I was unable to develop from any of them any serious complaint against their treatment. None of them charged any attendant or employee with unkindness or brutality in recent months.



Several referred to occurrences some distance in the past.

Some of these men manifestly were unfit to be returned to free life or to the prison from which they came to this hospital. Some of them, on the other hand, are, I believe, perfectly safe for retransfer. One or two sent direct from the court on mittimus are eligible for a trial in free life.

Samuel Eisner has been in Chester Hospital for eight months. If he had remained in the prison he would be eligible to parole. Dr. Zeller, according to the patient and the records of the office of the superintendent, has recommended to the Board of Administration that this man be sent back to Joliet, so as to make his plea for parole, but so far transfer has not taken place. He is afflicted with a bad temper, according to the hospital authorities, but otherwise is in good mental condition.

Antoine Mazzitelli, sent to this institution by the court on a charge of assault to kill, shows no signs of insanity, according to the physician. He has been here for two and a half months. More time may develop mental symptoms, but at present he shows nothing warranting his detention in Chester Hospital.

Frank Woods, a colored man here nine years, wants to go to his mother in Newport, Rhode Island. Woods is a trusty and is considered safe. His mother writes that she is able to care for him and will do so. The proposition of releasing him to her should be given consideration.

Edward Jones, suffering from Jacksonian epilepsy, has been here since September, being sent down on a charge of burglary. Investigation reveals the probability that he is an escaped convict from the Alabama penal farm. He says he is and wants to go back there. The deportation department will attend to his case. He has been a bad actor in the hospital. His epilepsy, he says, has not been so severe since an operation was performed, but he still suffers from seizures.

August Wieneke was sent by the court from Barrington. He was taken up for stealing a bull dog. Here is a case of the defective whose petty offenses continue to get him into trouble and keep the community in turmoil. Plainly a hospital for the insane is not the place for a man of this type. No possible treatment will improve his mental condition.

Joseph Giles has been here for a long time. He is a patient who could get along better and be of more service in a general State hospital and should be transferred.

Others who saw me, in whose cases I can not make a recommendation of any sort were as follows: Thomas Gordon, Joseph Swager, Alfred Foultz, Charlie M. Bair, William Hanley, Joseph Bertucci, George H. Brittin, Lyman Hall, Edward McVeigh, Edward Miller, Milton Carson, Fracchi Tomasso, Charles Blashey, William B. Miller, Charles Yoran, Charles Hovis, Frank Casey, August Jones, August Loggan.

Alfred Foultz made complaint that Attendants Patton and Dunham had handled him roughly when they took from him a small lead pencil. The attendants acted on instructions from the office, after a patient had been stabbed in the neck by a lead pencil in the hands of a fellow patient. The hospital officials say he was not roughly or unkindly used, though he resisted.

William Hanley complained that he has been beaten up. He has delusions which have rendered it difficult for the superintendent to determine how much truth there has been in his charges. An attendant named Jones was recently discharged for assaulting Hanley, but Hanley's testimony alone was unreliable and not sufficient because he thinks some one beats him up in his cell every night.

Edward Jones related an account of a fight in the dining room several weeks ago in which he thought he and other patients were badly used. I found, however, that the only person injured was the ward supervisor, Mr. Wooten, who suffered a broken nose and a blackened eye, and other injuries. The near riot had assumed serious proportions and strenuous means were necessary to quell it. The superintendent himself was there during the last part and a rigid and thorough examination of every patient was made at once. No bruises or scars were found on any of them.

William B. Miller complained of the methods at Joliet. He said he was transferred to Chester without the formality even of an examination and was refused an attorney and an interview with the warden.

Recently many minor improvements have been made upon the plant. The roof has been put into good order. It was leaking badly. Chimneys have been rebuilt. A new henhouse has been erected. All dairy cows not making a profit have been disposed of. New mattresses have been purchased for 125 of the beds. A campaign against bed vermin has cleaned out the place. It is confessed that the cells were fairly alive with bugs. Nearly all the bedpatients have been transferred to State hospitals. Many of the old men likewise have been sent to other institutions, so that the population to-day was down to 217. I think it will be possible to reduce it still lower. It is the policy of the Board to remove all patients who are fit subjects for other State hospitals. The roads have been resurfaced.

### ALTON STATE HOSPITAL.

Alton State Hospital, November 4, 1915: I visited the site of this institution to-day and witnessed the progress which has been made in the last six months in the construction of the new State hospital.

The five buildings, which were under construction when I was here last, have now been completed and would be available for occupancy if the institution had a power plant and other service buildings necessary to the operation of a great hospital.

The five buildings complete are the administration, two receiving cottages, the nurses' home and the one-story cottage for an untidy class. Arrangements are being made to heat these structures this winter by hitching on to the steamheating pipes individual heaters located in the basements.

The new buildings are very attractive both in design and color, and the interior arrangement and plan appear to be superior to anything we have. Every convenience for the systemization of work in the receiving cottages has been provided.

An immense amount of grading is necessary to bring the grounds into shape. This is in progress in front of the administration building.

Contracts have been let and work has begun on the power plant and the congregate dining room, and the main hospital kitchen. When these buildings will be ready will depend somewhat upon the state of weather this winter. Rapid progress is being made on the power plant. The other buildings are just being staked out. The latter, however, are one story high with little excavation and should not require long time to complete.

At the farm colony on the opposite side of the road a large dairy barn with double silo is nearing completion.

The Rogers homestead, in which 35 male patients are living, as noted in my last report, is receiving white paint on the exterior. This property is in a good state of repair and has not had hard usage as the result of its occupancy by men patients. They have come through the summer in good health and appeared to be happy and contented. The lawns have been liberally supplied with swings and iron settees and the men were found there enjoying the warm sunshine.

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## A PLEA FOR SIMPLIFIED LABORATORY REPORTS FOR HOSPITALS.\*

[By HOWARD T. CHILD, M. D., Pathologist, Kankakee State Hospital.]

In considering the various records of hospitals throughout the country, those pertaining to the department of pathology have been seriously neglected. It is only within the last decade that a special department under a trained physician has been adopted by the most progressive of our hospitals.

\* Article and accompanying cuts reprinted by courtesy of "Modern Hospital."

While I do not desire to say that the clinical laboratory of any hospital should be relied upon wholly, irrespective of the medical men on the staff, I do wish to emphasize the important fact that a distinct and manifest cooperation must exist between these two departments of a hospital.

In the diagnosis of a case the sum total of all findings, clinically, and those of such nature as are determined by laboratory tests, should be carefully considered, both in justice to the patient and to the reputations of the hospital and of the physician to whose care the patient is entrusted.

How shall such findings be recorded? Some hospitals maintain that a special sheet for each examination made in the laboratory be filed, such sheets being of distinctive colors. To illustrate, a white sheet may be used for urinalysis, a blue one for gastric contents examination, a yellow-colored

## Kankakee State Hospital.

### Pathological Laboratory Report.

Case No. .... Ward ..... Laboratory No. ....  
 Name ..... Sex ..... Admitted ..... Psychosis .....  
 Date of Examination ..... Examiner .....

### URINE

#### Chemical Examination.

Time voided .....  
 Time examined .....  
 Quantity in 24 hours .....  
 Odor .....  
 Color .....  
 Reaction .....  
 Specific gravity .....  
 Albumen { Test used .....  
           Results .....  
           Per cent present .....  
 Sugar { Test used .....  
           Results .....  
           Per cent present .....  
 Bile { Pigments { Test used .....  
           Acids { Per cent present .....  
 Iodican { Test used .....  
           Per cent present .....  
 Urea { Test used .....  
           Results .....  
           Per cent present .....  
 Uric Acid { Test used .....  
           Results .....  
           Per cent present .....

#### Microscopical Examination.

Organic Sediment { Uric Acid .....  
                       Urates { Crystalline .....  
                                   Amorphous .....  
                       Calcium oxalate .....  
                       Leucine tyrosine .....  
                       Cystin .....  
 Inorganic Sediment { Phosphates { Triple .....  
                                   Amorphous .....  
                                   Blood .....  
 Organized Sediment { Cells { Pus .....  
                                   Epithelial .....  
                                   Blood .....  
                                   Hyaline .....  
                                   Epithelial .....  
                       Casts { Granular .....  
                                   Blood .....  
                                   Fatty .....  
 Mucos .....  
 Spermatozoa .....  
 Micro-organisms .....  
 Remarks .....

### SPUTUM

Color ..... Tissue ..... Pus Cells .....  
 Odor ..... Blood Cells .....  
 Quantity ..... Bacteria .....  
 Stain used .....

### SPINAL FLUID

Nouguchi test-results .....  
 Nonne-Apert test-results .....  
 Lange-Gold sol-result .....  
 Microscopic .....  
 Cell Count .....  
 Amount withdrawn .....  
 Clear or Cloudy .....

### WASSERMAN

Blood .....  
 Spinal Fluid .....

sheet for blood tests and count, a purple sheet for sputum, and so on. I am of the opinion, however, that such a system of records is unsatisfactory; there is danger, where several laboratory examinations have been made during the period of the illness, of losing one of the sheets pertaining to a case, and thus missing a link in the record of the progress of the disease. This is especially true in cases of mental diseases, some of which extend



## Blood Examination.

Volume per cent red corpuscles.....	Pathological
" " " white ".....	Myelocytes.....
" " " serum.....	Microcytes.....
Hæmoglobin method used.....	Macrocytes.....
Number red corpuscles.....	Normoblasts.....
" white ".....	Megaloblasts.....
Staining method used.....	Poikilocytes.....
Normal white corpuscles.....	Bacteria.....
Poysuclated neutrophils.....	Parasites.....
Lymphocytes.....	Special Examinations.....
Mononucleated.....	Blood Culture.....
Eosinophiles.....	Widal.....
Remarks.....	

### Stomach Contents.

Meal given.....	A. M. .... P. M. ....
Time given.....	A. M. .... P. M. ....
Time removed.....	A. M. .... P. M. ....
Residue.....	
Degree of digestion.....	
Reaction.....	
Color.....	
Odor.....	
Free HCl.....	
Combined acids and salts.....	
Lactic acid.....	
Total acidity.....	
Microscopical examination.....	
Blood.....	
Remarks.....	

### Feces Examination.

Time taken.....	
Color.....	
Odor.....	
Consistency.....	
Blood.....	
Bacteria.....	
Epithelial.....	
Mucous.....	
Protozoæ.....	

### Special Cultures.

(Throat Etc.)

Results.....
Microscopical Examination of Pathological Tissue.....

over many years. A second objection to this plan is that it makes the history of the case too bulky, especially in chronic cases.

What, then, shall we adopt as a suitable permanent record sheet for our cases, which will overcome these objections? At the Kankakee State Hospital I devised the accompanying scheme for the reports from the department of clinical pathology. This consists of a record printed on white paper, 11 inches long by 8½ inches wide, which conforms with the size of all history files. The two sides of the paper are used, which provide space for recording the results of the following laboratory examinations: Urinalysis, sputum, spinal fluid, Wassermann tests of both blood and spinal fluid, blood (including cell count), stomach contents, feces, and special cultures as from throat and discharging wounds, etc. In addition there is space for recording the results of any microscopical examination of pathological tissues.

At the top of the front page, space is allotted for the name of the patient, case number, laboratory number, sex, date of admission, date of examination and psychosis, together with the name of the examiner.

The illustration shows the character of the examination made and the schedule adopted. I would add that the records of spinal fluid and Wassermann test results were placed on the front page in order to enable the person

looking for the data which are so important in so many of the cases admitted to State hospitals, to determine at a glance whether or not there is laboratory evidence of syphilis existing.

In conclusion let me say, first, that much space is thus saved in bulky history files; second, that the entire laboratory examination, from a clinical standpoint, is covered on the one sheet of paper; third, that the danger of losing a special examination sheet, which may have an important bearing on the prognosis of the case, is minimized.

The result of adopting the foregoing form of record should enable one to determine what line of treatment is needed, and what instructions should be given to attending nurse relative to special diet and exercise in any particular case.

## INSANITY IN NEAR RELATIVES.\*

[By S. N. CLARK, M. D., of Staff of the State Psychopathic Institute.]

The subject of mental disorder or mental deficiency among relatives is one of great interest, not only to the physician, but to the layman as well. The most valuable contributions on this subject have been made by those possessing complete family histories for three or four generations. It is needless to say that far more information is obtained and that conclusion may be more safely drawn from such records than from only those cases that happen to enter any one of the insane hospitals.

On the other hand, there are many items of interest brought out by investigation of relatives who have entered an institution, and it seems worth while to report the results of such an inquiry at the Kankakee State Hospital. This paper will not be entirely confined to the actual material gathered, but will make any references thought to be of interest which are suggested by the topic.

The cases were collected from the records dating from January, 1895, to April, 1914. The total number obtained, 141, is probably considerably short of the actual figure. The histories do not always show that relatives have been admitted to the hospital where such is the case, and, in some instances, the files state that a sister, mother, or some other relative has entered the institution, but nothing further is given by means of which the identity of the one referred to can be established. For this reason the proportion of these cases to the total number admitted was not calculated. F. W. Mott found 725 patients (3.6%) as closely related as parent and offspring, brother and sister, among the 20,000 admissions to the London County Asylums.

Of the 141 cases collected at Kankakee, the relationships were as follows

TABLE I.

Relationship between individuals.	Number of individuals.	Figures given by Mott in 2,980 cases
Mother and daughter.....	18	3
Mother and son.....	1	1
Father and daughter.....	6 (1)	2
Father and son.....	6 (2)	1
Brother and sister.....	20 (3)	4
Two sisters.....	24	4
Two brothers.....	10	2
Grandparents and grandchildren.....		
Uncle, aunt, niece, nephew.....	40	3
Three of family insane.....	12 (4)	4
Four of family insane.....		
Five of family insane.....	5 (5)	
Six of family insane.....		
Seven of family insane.....		

(1) One of the fathers suffered from general paralysis of the insane.

(2) Two of the fathers suffered from general paralysis of the insane.

(3) Three of the brothers suffered from general paralysis of the insane.

(4) Three brothers; three sisters; father, son and daughter; father, son and nephew.

(5) Two brothers, two sisters and one cousin.

In Table I, the occurrence of female offspring is more frequent than of male offspring in the proportion of 13 to 5, and of the sisters and brothers, the former are the more numerous, 39 to 25 (these figures include the instances in which three or five members of the family are insane). This agrees with Mott's findings. He says "In the insane offspring of insane parents daughters are much more numerous than sons. Among insane members of the same family (brothers and sisters) sisters are more common than brothers."

Among the cases gathered at Kankakee, there were 40 of whom the insane brothers or sisters were of the same sex as against 21 of the opposite sex. (Here the instances of three in a family are included, but not the instance of five, since in the latter they are of both like and unlike sex). James Frederick Corson states that "where two or more individuals of the same generation are insane, similiarity of sex is much more frequent than dissimilarity;" that is, among the insane, two brothers or two sisters are more commonly found than brother and sister.

In regard to the number of male parents as compared with that of female parents the proportion in Table I is 8 to 9. The writers on this subject vary in their views in regard to the relative frequency of incidence of paternal or maternal insane ancestors.

The proportion of direct (parent and offspring, brother and sister) to collateral (uncle or aunt, and nephew or niece, cousin) relationship is 2.25 to 1. According to Corson "considerably more of the cases show insanity in the direct, than in the collateral lines," the ratio he gives is 1.8 to 1.

The classification of the type of mental derangement of many of the individuals considered in this paper was in doubt, due largely to the fact that the present nomenclature has been in use only since March, 1908. Only those cases are definitely labeled in which the anamnesis, the examination and the course during the hospital residence seemed to point clearly to one or another classification. Whenever a patient, in whose case the grouping was doubtful, was still present in the institution a careful reexamination was made. In spite of efforts to exhaust all available sources of information, there were a number of cases that it seemed only fair to consider as doubtful in regard to the classification. These will be so designated in the table:

TABLE II.

Type of disorder.	Direct relation- ship (1). No. of individuals.		Collateral relation- ship (2). No. of individuals.		Total.
	Definite.	Probable.	Definite.	Probable.	
Manic depressive.....	7	8	2	2	19
Dementia praecox.....	30	14	11	6	61
Alcoholic psychosis.....	2	.....	2	1	5
Epilepsy.....	1	.....	1	2	4
Defective.....	10	.....	.....	.....	10
Psychopathic person.....	1	.....	1	.....	2
General paralysis.....	5	1	4	1	11
Arterio-sclerotic insanity.....	1	.....	2	1	4
Senile dementia.....	1	3	2	.....	6
Infective exhaustive.....	.....	1	.....	.....	1
Undifferentiated depression.....	1	.....	.....	.....	1
Neurasthenia.....	1	.....	1	.....	2
Involuntal melancholia.....	1	2	1	.....	4
Paranoic state.....	2	.....	.....	.....	2
Wholly in doubt.....	7	.....	2	.....	9
Totals.....	70	29	29	13	141

(1) Parent and offspring; brothers and sisters.

(2) Uncles, aunts, nephews, nieces, cousins.



The problem of the part played by heredity in the occurrence of a certain type of psychosis is not to be solved by arriving at such results as are shown in Table II. The history of every member of the families investigated for three or more generations should be obtained and closely scrutinized for any evidences of a neuropathic constitution. In this connection may be quoted a reference of Davenport and Weeks to "The view now generally entertained by students of psychopathology, that the majority of cases of migraine, chorea, paralysis, neurosis, alcoholism, and prostitution are associated with nervous disease or nervous defect." Certain characteristics are grouped together as so-called equivalents of the different mental disorders. Rosanoff describes them as follows:

"In the families of patients suffering from manic-depressive insanity, are found not only subjects recognized as being clearly insane, but those described as high-strung, excitable, dictatorial, abnormally selfish, awful temper, periodic drinker, a demon when drunk, committed suicide, had severe blue spells.

"In families of epileptics, we find besides cases of actual epilepsy or convulsions of infancy, also cases of hemicranic, recurrent sick headache, fainting spells, nervous fidgety make-up and the like.

"In the pedigrees of cases of dementia praecox, we find ancestors and collateral relatives described in the following significant terms: cranky, stubborn, worries over nothing, religious crank, nervous, queer, restless, has phobias, suspicious of friends and relatives." Rosanoff expresses here what many others have noted. It goes without saying that a most thorough investigation could not be made in the absence of consideration of such characteristics as are said to be so closely related to the disorders mentioned above.

It is to be regretted that the figures in the Table do not warrant an estimation of the frequency with which the different types of psychosis show an hereditary taint of insanity or congenital defect. This would be possible only if the total number of each type was known and likewise the total number of that type in which the relatives were insane or defective. As was stated above, neither of these facts could be obtained.

It will be noted by referring to Table II that the number of alcoholics is small and the same may be said of the epileptics. Possibly this is explained by the relatively small number of such persons admitted to Kankakee.

Among the relatives of 154 epileptics, A. Hume Griffin found the following cases:

TABLE III.

Epilepsy .....	61
Alcohol .....	13
Phthisis .....	76
Insanity .....	23
Other nervous diseases .....	30

From this table and from a statement made by Davenport and Weeks, quoted below, one may judge that the tendency for epilepsy to appear among relatives of a case suffering from epilepsy is marked.

Paresis, arterio-sclerosis, and senile dementia, are apt not to be thought of in relation to inherited tendencies but the views of some of the authorities are of interest.

Corson, Urquhard, Bianchi, J. S. Bolton and others, favor the view that heredity is a factor in paresis and some of them publish a fairly large percentage of cases in which the ancestors have suffered from some mental disorder. According to Mott "probably an insane predisposition or a neurotic temperament would make a syphilitic subject more liable to the disease" (paresis).

Urquhard quoted by Corson, has stated in regard to arterio-sclerotic insanity; "We have to deal with a condition which has certain hereditary relations owing to a defect of organization—it is not the crude heredity of yesterday, but a failure in development or metabolism, or a weakening of

somatic defenses, apparent in early life, in the period of development, in the stress of maturity, or in the decay of old age." Bevan Lewis, quoted by Corson, has said, "We should therefore incline to view that the senile insane show a fairly average predisposition to insanity."

In regard to the various types of mental disorder in relatives there is probably no more important question than that of a similarity or dissimilarity. Among the parents and offspring, brothers and sisters who have entered Kankakee since 1895, excluding those classified as paresis, senile dementia, and arterio-sclerotic insanity, were found 8 pairs suffering from the same type of mental derangement as against 7 pairs with unlike classifications. Besides these, there were 11 pairs probably suffering from like disorders and 6 pairs probably not similarly affected. These cases in regard to which a definite statement can not be made, are the ones in which the classification was in doubt. Besides these, there were three brothers, all of whom were idiots. In another family two brothers and a sister were cases of dementia praecox while another sister and a cousin were probably suffering from the same type of psychosis. In yet another instance, the father, the son, and the nephew were probably affected each by a different type of disorder. On the whole these figures are in accord with the opinions of others.

Among 200 cases traced in which there was an hereditary influence Corson found that "similarity of form between ancestors and descendants was nearly twice as frequent as dissimilarity." He made the further observation that in manic-depressive cases "a distinctly maniacal or melancholic state in an ancestor was more frequently associated with a similar state in a descendant; mania with mania and melancholia with melancholia—than with the alternative state."

A. J. Rosanoff says, "It was formerly held that an inherited predisposition to mental disease is general and not specific, and that the particular form of disorder that develops in a given case, is determined by factors other than heredity.

"The studies of Sioli, Vorster, Krauss, Geiser, Berze, Schlub and others have resulted in a general change of attitude concerning this point; heredity being in the majority of cases similar, the obvious deduction is that in a given case the inherited predisposition is not general, as formerly thought, but specific."

Many other writers, among whom are Mott and Stoddart, have expressed a belief in the tendency of like to inherit like in respect to mental disorder, although many exceptions to this general rule are cited. Davenport and Weeks go so far as to say that when both parents are either epileptic or feeble-minded all their offspring are so likewise. Edward Schuster says in regard to certain classifications in use by him, viz, periodical insanity, delusional insanity, primary dementia of adolescence and imbecility, that each is very frequently associated with a like disorder among brothers or sisters.

Another point is the question of age at which the psychosis appears in succeeding generations. Some believe there is a tendency for an earlier development in the offspring. According to many authorities the mental disorders in the younger generations are frequently of a more severe type.

Mott stated "I have found that there is a signal tendency in the insane offspring of insane parents for the insanity to occur at an earlier age, and in a more intense form in a large proportion of cases; for the form of insanity is usually either congenital imbecility or the primary insanity of adolescence which is generally an incurable disease."

Morel outlines the progress of familial degeneration somewhat as follows: First generation—nervous temperament, moral inferiority, various eccentricities: second generation—tendency to paralytic strokes, the graver neuroses, alcoholism: third generation—psychic disorders, suicide, feeble-mindedness, criminality: fourth generation—imbecility and idiocy, malformation, extinction of the race.

A somewhat different view is expressed by Mudsley. "There appears to be at work a silent tendency in nature to restore an insane stock to

sound type if regeneration be possible, or to end it if its degeneration be such that it is too bad to mend."

Among the Kankakee cases there were 17 instances (including paretics and other organic brain diseases) in which the psychosis appeared at an earlier age in the offspring than in the parent. There was no exception. In one case, the father was classified as a psychopathic personality, a state which had of course obtained throughout life, while the son is said to have been normal until young adult life when he developed a mental disorder of the dementia praecox type. The parent did not show any very marked evidence of perversion, but had been a boaster, had worked as an anatomical museum barker, attempted to be a detective and had been employed in many other capacities with apparently little thought for anything but the desire of the moment. He did not come into actual conflict with society until he was 52 years of age when he was sent to Kankakee because he had become a nuisance about town rather than on account of any definite mental disorder. After a hospital residence of a few months duration he was discharged because there was no adequate reason for confining him longer. This relationship, as stated above, is not considered an exception to the general tendency of mental derangement to develop at an earlier age in the offspring than in the parent, although the age of onset in the son in this instance is given as 22, while the father's age at onset, if any can be given, may be set down at birth. It is rather an illustration of a more severe type of mental disorder occurring in the offspring than in the parent, for, whereas the latter in this case has remained unconfined practically throughout his entire life, making it possible for him to marry and to have children, the former at a comparatively early age is withdrawn completely from active life and becomes an apparently hopeless dement.

In the collateral lines there were among the uncles and aunts, 11 cases (including paresis, etc.) in which the age of onset was greater than in the respective nephews or nieces. There was only one exception and in this case the onset of definite mental derangement in the nephew had been preceded by excessive alcoholic indulgence for years.

In spite of the uniformity of the age relationship shown in the two preceding paragraphs, one is not justified in concluding therefrom that in the younger generation insanity appears at an earlier age than in the forbears. The stand has been well taken that such a table can show only those of the second generation who become insane at an early age, because most of them are still young and it remains for future study to say how many of the younger generation now healthy will develop a psychosis in advanced life. As stated in the opening paragraphs of this paper, all the patients herein considered have been admitted to Kankakee. This means that the healthy stock are not taken into consideration.

This paper has purposely been devoted to opinions of the authorities and a few figures relating to certain points thought to be of most general interest. Many more tables and statistics might have been compiled from the material at hand but it was deemed best to refrain as much as possible from quoting long arrays of figures.

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## PRELIMINARY REPORT ON BLADDER FINDINGS IN PARESIS.\*

[By H. L. KRAFFT, M. D., Peoria State Hospital.]

While making routine urinalyses on our hospital cases, our attention was called to the fact that some of the specimens of urine which showed marked pathology came from patients suffering with paresis. This observation led us to systematically examine all of our cases of paresis in the various stages. The following report is therefore based upon the cystoscopy and urinary findings in twenty-five proven cases of this disease.

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\* Read before the Illinois State Hospitals' Medical Society.



The classification into the various stages of early, advanced and terminal groups is, of necessity, somewhat arbitrary as no hard and fast lines can be drawn. We considered those cases to be in the early stage who showed few, but definite physical signs and whose mentality was but moderately affected. In the more advanced group were placed those cases which showed marked physical signs and more pronounced mental deterioration. The terminal group included those who had practically all the physical signs together with more or less marked dementia. Several of the cases in this latter group were bedfast.

There were only four cases (averaging 39 years) which could be placed in the group of early cases—the reason is evident, as individuals in this stage of the disease are not usually committed to a State hospital. The following is a record of the urinary and bladder findings in this group,

The amount of catheterized urine, prior to cystoscopy, was 105 c.c. and was normal as far as could be determined.

Cystoscopic examination revealed dilated ureteral openings in one case. In one the prostate was moderately enlarged. Two cases were negative. In none of the four cases was there any evidence of inflammation of the mucous membrane.

Two of the four patients had occasional attacks of urinary incontinence.

#### THE MORE ADVANCED CASES.

In this group of ten more advanced cases, there were nine males and one female, their ages averaging 43 years. There were decided changes in some respects in this stage.

The bladder capacity was increased in all except one—the average amount of catheterized urine being 558 c.c.; this distension seemed to cause no discomfort whatever. One case in particular, immediately before cystoscopy was catheterized and 1,200 c.c. of urine withdrawn; this amount had apparently caused him no inconvenience despite the fact that his mental condition was fairly good.

In two cases there was a subacute inflammation limited to the mucous membrane of the trigone.

The ureteral openings were dilated in six cases—unequally so in two. In one patient the right ureteral orifice was ten times the size of that on the left side.

The bladder was trabeculated in two cases; this trabeculation was especially marked in one.

There was an enlargement of the prostate in four cases, accompanied by an acute inflammation in one instance.

Pyuria was present in four cases, pronounced enough to give an albumen reaction in three. In one of these cases the pyuria was coexistent with a severe bacilluria (colon type).

#### TERMINAL STAGE.

In this third group of eleven terminal cases, there were ten males and one female; the average age was 44 years.

The bladder and urinary changes in this stage were pronounced.

The average capacity of the bladder in these patients was 90 c.c. which was a decided contrast to some of the enormous bladder capacities noted in the preceding group.

The urine showed marked changes in all cases except one. All were alkaline; leukocytes were present in eight cases—in five of which they were abundant and moderately so in two. Bacteria (colon type) were present in eight of the cases.

The cystoscopic findings were in keeping with the urinalysis. The mucous membrane was severely inflamed in eight and moderately so in one.

In two of the cases, this inflammation of the mucous membrane was accompanied by edema. Three of the cases of this group showed enlargement of the prostate. A trabeculated bladder was found in five cases, in three of which the condition was especially marked. Calcareous deposits were found

in two cases; in four, floucculi were adherent to the bladder walls. Ulceration was present about the trigone in three cases and this was extensive in one.

### SUMMARY.

By analyzing the above groups, we believe that:

(1st) There are practically no changes in the bladder or urine in the early stages of paresis.

(2d) The capacity of the bladder is greatly increased, due to paralysis. In the more advanced cases, the retention of urine which results prepares the way for subsequent infections. The uretero-vesicle valves are atonic, causing dilation of the ureteral openings.

(3d) Most of the terminal cases of paresis suffer with an infection of the bladder; this may account for some of the "unaccountable" attacks of hyperpyrexia and other symptoms of sepsis which are not of uncommon occurrence in the latter stages of paresis.

[N. B.—The functional capacity of the kidneys in this disease will be taken up in a subsequent report.]

#### BLADDER FINDINGS IN THE EARLY STAGE OF PARESIS.

	Age.	Reaction.	Albumen.	Sugar.	Pus.	Blood.	Bacteria.	Catheter- ized urine— amount.	Cystoscopic findings
1—C. M....	40	....	....	....	....	....	....	120 c.c.	Ureteral openings enlarged—mucous membrane normal.
2—R. B....	30	....	....	....	....	....	....	90 c.c.	No apparent change.
3—F. R....	37	....	....	....	....	....	....	150 c.c.	Negative.
4—W. F....	52	....	....	....	....	....	....	60 c.c.	Prostate somewhat enlarged.

#### BLADDER FINDINGS IN MORE ADVANCED STAGE OF PARESIS.

	Age.	Urinalysis.						Catheterized urine— amount.	Urinary incon- tinence.	Cystoscopic findings.
		Reaction.	Albumen.	Sugar.	Cast.	Blood.	Pus.			
1—A. W.	44	Alk.	..	..	+	..	++	600 c.c.	++	Mucous membrane over trigone inflamed—ureteral openings gape—prostate enlarged.
2—R. B.	53	Ac.	++	..	+	..	+	90 c.c.	+	Fundus trabeculated—ureteral openings dilated—moderate prostate enlargement.
3—F. M.	40	Ac.	....	....	....	....	....	540 c.c.	+	Bladder easily contains 750 c. c. examined fluid—no changes in mucous membrane.
4—L. F.	35	Ac.	+	....	..	+	....	450 c.c.	++	Increased bladder capacity (540 c.c.) ureteral openings dilated, prostate enlarged, tender.
5—S. L.	57	Alk.	+	....	..	+	....	300 c.c.	++	Trigone mucous membrane inflamed—right ureteral opening greatly dilated—fundus trabeculated.
6—F. B.	40	Ac.	....	....	....	....	....	600 c.c.	+++	No changes in mucous membrane—bladder can easily retain 600 c.c. boric solution.
7—C. S.	45	Ac.	....	....	....	....	....	540 c.c.	+	Increased bladder capacity (450 c.c.) no change in mucous membrane.
8—A. D.	41	Ac.	....	....	....	....	....	1140 c.c.	++	No changes in mucous membrane—bladder enormously distended.
9—A. D.	36	Ac.	....	....	....	....	....	1200 c.c.	++	Mucous membrane apparently normal—ureteral openings dilated—no limit to bladder capacity.
10—O. M.	39	Alk.	....	....	....	....	....	120 c.c.	.....	Prostate somewhat enlarged—mucous membrane normal—left ureteral opening dilated.

## BLADDER FINDINGS IN TERMINAL STAGE OF PARESIS.

	Age.	Reaction.	Albumen.	Sugar.	Casts.	Blood.	Pus.	Bacteria.	Catheter- ized urine— amount.	Cystoscopic.
1—A. G.	45	Alk.	+	...	+	++	+++		60 c. c.	Trigone inflamed—edema of membrane—fundus trabeculated—ulcers.
2—C. H.	44	Alk.	+	...	...	++	++		45 c. c.	Bladder too contracted for cystoscopic examination.
3—A. S.	40	Alk.	...	...	...	+	.....		75 c. c.	Bladder contracted—trabeculated.
4—M. F.	41	Alk.	+	...	...	++	++		120 c. c.	Mucous membrane dark red—mucous shreds adherent to bladder wall.
5—M. V.	44	Alk.	++	..	+	+	++	++	92 c. c.	Mucous membrane dark red and thrown into hypertrophied folds. (Prostate enlarged.)
6—C. F.	38	Alk.	+	..	+++	.....	+		90 c. c.	Mucous membrane dark red—calcareous masses and mucous shreds adherent to bladder wall—prostate enlarged, tender.
7—C. O.	49	Ampho.	+	...	.....	+	+++		120 c. c.	Edema of mucous membrane—many grayish white ulcers—mucous shreds adherent to bladder wall.
8—W. W.	50	Alk.	...	...	.....	+	.....		97 c. c.	Fundus trabeculated—mucous membrane dark red—hemorrhagic areas near trigone.
9—F. S.	62	Alk.	++	...	+	+++	+++		75 c. c.	Mucous membrane dark red—many ulcers—fundus trabeculated—lateral lobes of prostate enlarged.
10—R. W.	34	Alk.	+	...	+	++	++		110 c. c.	Calcareous masses and mucous shreds adherent to bladder wall—mucous membrane dusky red in appearance, especially over the trigone.
11—J. H.	49	Alk.	...	...	.....	.....	.....		125 c. c.	Mucous membrane trabeculated—capacity decreased—mucous membrane shows no inflammatory changes.

## EMPLOYMENT FOR THE INSANE.\*

[By THOMAS F. NEIL, M. D., of the Staff of the Watertown State Hospital.]

In the majority of the State institutions the acute cases are first taught to do ward work; and later, if they can be trusted, have a trade and can go ahead with it without having to be taught, they are allowed to work at this until discharged, or until they escape. Likewise the farmer or laborer is induced to go to the farm, laundry, kitchen, power plant, etc., providing he does not have to be taught to work. The same custom applies to the sewing room helpers. This is practically all the employment our institutions furnish, and in many instances it is the patient that takes the initiative and asks for employment. Generally speaking, it is easy to convince the convalescent that if he can control himself well enough to work, he is on the right road to recovery and release, or at least assured of a parole of the grounds.

Last year we employed a special attendant on the acute service, choosing an employee who knew the object for which he was employed, and who was able to explain it to those he took out. This man did not tire his patients with overwork, had various jobs for them in order to relieve the monotony, and spent considerable time in taking walks through the woods. His efforts brought big returns, enough to convince anyone that a real Industrial Department would be a bigger factor in the treatment of insanity than any other method now in use.

\* Read before the Illinois State Hospitals' Medical Society.



This year we have a special female employee, whose duty it is to go about the wards and take all patients who wish to do any special laundry work to a little laundry provided for this purpose. We feel that this is a good movement, not only because it furnishes diversion for the patients, but because it prevents irritations and even outbreaks in patients who frequently have their clothing torn or lost in the hospital laundry.

I mention these two instances to illustrate how little is being done in institutions towards furnishing employment as a method of treatment; similar sporadic cases doubtless occur in other hospitals. By this I mean that the work about a large institution confronts us and the patient is the natural economic solution, and were it not so, there would be even a less number receiving employment treatment. For this work the average attendant would not do. Each physician knows the influence that little confidential talks have on his patients. There is no doubt that a patient's recovery is often due to such attention either on the part of his doctor or nurse. To be of any help, therefore, these employees should be morally and intellectually superior to their patients and trained for their work to some extent. What we need here is about 50 special teachers, that we might eliminate what is now known as our chronic wards, and place the chronic service on an equal footing with the receiving service. For this work in the summer they could be given an acre of ground each with the understanding that each detail would be held accountable for a reasonable return, and in the winter the same teachers could be given charge of a department in an industrial building. Short and regular hours could be insisted upon, the parole patients would not need to go without supervision; games and plays would not become a hindrance rather than help; paid work among the patients might be abolished; long rows of demented and destructive patients might no longer be seen and our institutions might be used for something more than detention houses. The work should not stop here, but should extend beyond the confines of the hospital. Every discharged case should be under the supervision of the State After-care or Out-Patient Department, whose duty should be to visit them in their homes, find employment for them, and correct abuses or other irritations that lead to relapses.

I have never been able to understand why so little attention is paid to this method of treatment. We all believe in it because it is evident to everyone that normal living and employment must needs go together. Rather than let things drift along as they are now, I think we should, as an organization, recommend such departments to our board, and as individuals suggest it at every opportunity.

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## THE USE OF MERCURIALIZED SERUM IN GENERAL PARALYSIS.\*

[By P. S. WINNER, M. D., of the Staff of the Watertown State Hospital.]

Since the introduction of intradural medication in the treatment of syphilitic affections of the nervous system by Swift and Ellis, the treatment of these conditions has received a great deal of attention and various modifications have been formulated, all having the same purpose in view, namely, to reach the site of infection.

The direct method of treatment was introduced after it had been demonstrated conclusively that drugs administered by the usual routes do not reach the central nervous system, and therefore it was obvious that the direct method of administration is preferable.

Byrnes<sup>1</sup> described the method of administration of mercurialized serum, and according to his reports improvements have been noted in a number of cases. He concluded that his method is far superior and produces better results than the Swift-Ellis method. He decided to use this drug on account of the fact that when salvarsan or neo-salvarsan is given by the Swift-Ellis method, very little or none of the drug could be demonstrated in the blood serum, and secondly that the direct administration of either salvarsan

\* Read before the Illinois State Hospitals' Medical Society.

<sup>1</sup> Byrnes—A. M. A., Vol. LXIII, No. 25.

or neo-salvarsan in various modifications, was dangerous and the reactions were often very severe.

In his series of cases treated with mercurialized serum Byrnes obtained very good results and calls attention especially to two cases of tabo-paresis. One case, after four injections, showed a marked improvement. The patient quoted is able to conduct a successful business and is the father of a healthy child. The second case was discharged as recovered from his mental symptoms, although at the beginning of the treatment he is stated to have had a number of grandiose delusions. Six months later the patient was clear in his mental condition and it was decided not to commit him to the insane institution where his family wished to send him because of the attention required on account of his tabetic symptoms. In general, the cases of meningo-myelitis and tabes have shown the most marked improvement, although in a few instances general paralysis has been benefited.

Byrnes further states that the spinal fluid showed a marked decrease in the cellular elements, but the Wassermann reaction appeared to be less readily effected. In thirty-two cases a negative reaction was obtained in only twelve. He states that a more prolonged course of treatments might have increased the percentage of negative Wassermann tests.

I am sorry that I am unable to show similar results in my series of cases; although this report is only preliminary, and definite conclusions may be premature. I find no improvement in any of the cases who received treatment and in a few of the cases the disease process was markedly aggravated. The Wassermann reaction in three of the cases became negative but without showing any improvement in the mental or physical condition of the patients.

The technique employed was similar to that outlined by Byrnes, and is as follows:

1. Sufficient blood is withdrawn to yield from 12 to 30 c. c. of serum. After the blood is coagulated the serum is pipetted.

2. If diluted serum is to be used to 12 c. c. of the blood serum, add 1 c. c. of a solution of mercuric chloride in freshly distilled water so made that each c. c. contains 0.0013 (1/50) gr. of mercuric chloride.

3. To the serum thus prepared sufficient quantity of normal salt solution is added to make a total volume of 30 c. c. If concentrated serum is used this step is omitted. It is heated to 56°C for one-half hour and administered by gravity at body temperature.

The patient is first punctured and about 20 c. c. of spinal fluid is withdrawn. The foot of the bed is elevated about eight inches for one-half hour following the intradural injection.

Eight cases of general paralysis of the insane were given injections of mercurialized serum, from two to five injections being administered. The reaction following this was generally an elevation of temperature one or two degrees; two of the cases complained a great deal of pain in their lower extremities lasting from one to six hours; one patient continued to run a high temperature for about two weeks. The last case did not show any reaction for the first twenty-four hours; following this he suddenly became worse, with a high temperature and died the following day. Unfortunately, permission for autopsy could not be obtained.

## REPORT OF CASES.

*Case 1.* I. F., male, admitted December 8, 1914, age 57, duration of attack two years. At the time of admission he showed an Argyll-Robertson pupil, knee jerk increased on left, difficult to obtain on right; coarse tremors of the facial muscles and defect in speech; memory poor for recent and remote events. Cell count 40, butyric acid test positive; Wassermann blood serum + + +, spinal fluid negative; diagnosis, general paralysis. This patient received five injections of mercurialized serum; he showed a slight elevation of temperature after each injection, with pains in his lower extremities. On March 6, 1915, following his last injection, Wassermann reaction with spinal fluid + + + +, cell count 28, Noguchi and Nonne-Appelt tests both positive; no change in his mental or physical condition. Argyll-Robertson pupil, knee jerks and speech defect showed no change. The initial dose was 1/50 gr. of mercuric chloride. This was increased

and the last injection he received 1/25 gr. without showing any marked aftereffects. Patient was paroled home, condition stationary.

*Case 2.* A. I., male, admitted October 10, 1913, age 35, duration of attack six months. This patient had previously received a few injections of salvarsan without any improvement. Pupils sluggish to light. Wassermann on blood and spinal fluid strongly positive. 1/50 gr. of mercuric chloride administered. Temperature 102.4 four hours after first injection. Patient vomited a great deal. He began failing physically following the second injection and he was unable to be up and around. Temperature continued around 100, he lost weight rapidly. The Wassermann report continued strongly positive after three injections. Physical condition considered such that further treatment was not advisable. Patient died on April 6, 1915.

*Case 3.* E. J., male, admitted February 2, 1914, age 15, juvenile paresis, duration of disease, since the fall of 1913. The history of this case states he was always frail, only weighing three pounds when born. He began having crying spells and was said to be nervous early in the fall of 1913. He has always suffered from eye trouble. He did not mingle with the other boys in his early childhood, did not get along well at school, was considered backward. The father is said to be alcoholic and separated from the mother. Patient had auditory and visual hallucinations. Physical examination, left pupil 5 mm., irregular, square; right pupil 3 mm. Facial tremors. Deep reflexes exaggerated on both sides. Patient is untidy. Fine tremor of extended fingers. When first admitted patient was diagnosed as catatonic dementia praecox. He held saliva in his mouth and this would drool on the floor and on his clothes. He was very untidy. Memory and orientation very poor. Restless and occasionally violent. Wassermann report, blood serum faintly positive. Noguchi and Nonne-Appelt tests positive. Cell count 12. Wassermann on spinal fluid ++. He received three injections 1/50 gr. mercuric chloride. Slight elevation of temperature, severe headache with vomiting, were the only symptoms present. Headache present for twenty-four hours following the second injection. April 17 following the second injection, Wassermann report spinal fluid negative. Butyric acid and Nonne-Appelt tests both positive. No cell count made. April 24 following the third injection Wassermann report negative. Butyric acid test and Nonne Appelt test both positive. Cell count 117 per c. mm. After the three injections his physical condition continues the same. Patient has lost 6 pounds in weight. Mental condition unchanged. He is still very restless and untidy.

*Case 4.* J. R., male, admitted January 18, 1915, age 47. No history obtainable as to the onset of the psychosis. Advanced case of paresis. Deformity of nose. Romberg present. Both pupils irregular, no reaction to light. Facial tremors. Deep reflexes exaggerated. Laboratory test at the time of admission, Wassermann report ++++. Three injections of mercurialized serum were given to this patient, 1/50, 1/25, 1/25 gr. The reactions following the first injection, temperature normal, no other symptoms. Patient remained in bed 24 hours and was up and dressed. The second injection, no elevation of temperature, was depressed and crying, remained in bed 36 hours and returned to his ward. Spinal fluid, Wassermann positive ++++, cell count 60, butyric acid test strongly positive. After last treatment patient's temperature went up to 100, he became restless, refused nourishment, would not answer questions asked. Pulse rapid and feeble. Three hours after the injection the patient vomited his dinner. Temperature 100.1, pulse 98, general condition poor. The patient began failing on the third day, temperature 103, pulse 124, respiration 48. Refused nourishment. No lung findings. Patient died April 23, 1915. Spinal fluid examination following third injection. Butyric acid and Nonne-Appelt tests strongly positive, cell count 27 per c. mm., Wassermann ++++.

*Case 5.* J. O'H., male, admitted February 9, 1914, age 45; onset January 1, 1913. Pupils are equal, regular, react to light and accommodation, but not to painful stimulation. Facial tremors marked. Coordination poor. Romberg marked. Gait ataxic. Deep reflexes exaggerated. Articulation impaired, both in ordinary conversation and in test words. Delusions of grandeur with poor orientation and memory. No insight. Spinal fluid ex-



amination: Wassermann strongly positive. Shows marked dementia, untidiness, restlessness; has mutilated himself, has had persistent ideas of grandeur throughout. This patient has received two injections of mercurialized serum, 1/50 and 1/25; temperature 97.6, two hours after injection. No other symptoms. Spinal fluid examination after the first treatment: Butyric acid, Nonne-Appelt tests positive, cell count 200 per c. mm., Wassermann test + + + +. Six hours after second treatment, temperature was 101, otherwise showed no symptoms. Patient lost 8 pounds in weight since treatment was begun. Spinal fluid examination at this time: Butyric acid and Nonne-Appelt tests positive, cell count 70, Wassermann + + + +. At the present time patient is considered to be considerably worse, is very demented, bedridden, soils himself continuously. General condition is poor. Pupils are both irregular, react very sluggishly to light, knee jerks exaggerated, speech defect is very marked.

*Case 6.* G. E., male, admitted September 2, 1913, age 50. Duration of attack six months. At the time of admission coordination tests were fairly well performed, slight tremor of extended fingers and tongue. Pupils react to light and accommodation. Deep reflexes exaggerated. Grandiose ideas present. Orientation disturbed. Memory for recent and remote events showed discrepancies. Spinal fluid: Cell count 60, butyric acid and Nonne-Appelt positive, Wassermann positive. Prior to the beginning of the treatment patient was in the advanced stage of paresis, pupils were both irregular, sluggish to light and accommodation, knee jerks exaggerated, restless, unable to take care of himself, marked speech defect. This patient received three treatments, 1/50, 1/25, 1/25 gr. of mercuric chloride in blood serum. Aftereffects noticed, elevation of temperature, vomiting; temperature subsided in 24 hours. Patient was able to return to his ward. Condition showed no change. Spinal fluid, April 13, following second treatment: Butyric acid and Nonne-Appelt tests both positive, cell count could not be made on account of red cells present. April 20, 1915, both butyric acid and Nonne-Appelt tests were positive, cell count 27. Wassermann + + + +. Physical condition fair. Patient has lost 12 pounds. He is untidy and very demented. Pupils irregular and sluggish.

*Case 7.* E. G., male, admitted May 26, 1913, age 34, colored. Duration of attack three weeks. He showed marked depression, agitation and apprehension at the time of admission. Hallucinations, both auditory and visual in character. Disorientation in all spheres. Physical examination was negative. Spinal fluid examination: Butyric acid very strongly positive, cell count 90, Wassermann on blood strongly positive, spinal fluid negative. Patient was a good worker on the ward, in good physical condition prior to the beginning of this treatment. Pupils were irregular, reaction to light sluggish, facial tremors present. Articulation defective in ordinary conversation. Deep reflexes markedly exaggerated. No sense falsification; memory poor both for recent and remote events. Oriented to place but not to time. Able to take care of himself and generally clean in habits. Patient received three injections of mercurialized serum, 1/50, 1/25, 1/25. Following the first injection there was a slight elevation of temperature. No other symptoms present. Butyric acid and Nonne-Appelt tests strongly positive, cell count 40, Wassermann test + + + +. Spinal fluid at the present time is negative as to Wassermann test, Nonne-Appelt and butyric acid tests both positive, cell count 27. Physical condition poor. Patient does not work on the ward at the present time, as he has formerly, he has lost 12 pounds in weight. Speech defect is more marked. He is untidy, unable to take care of himself.

*Case 8.* J. M., male, admitted January 20, 1915, age 47. Duration of attack indefinite, probably one year. At the time of admission patient showed anesthesia over the inner side of the calf and thigh muscles and also on the ulnar border of the forearm. Marked swaying in Romberg position. Left pupil larger than the right; both irregular and do not react to light, but do react to accommodation. No reaction to painful stimulation. Facial tremors. Defect in articulation. Gait ataxic. Tremors of extended fingers and tongue. Knee jerks absent. Mental examination, delusions of grandeur, he is very forgetful, is not oriented as to time or place, makes many errors especially in dates. Retention is poor. No insight. Spinal

fluid examination: Butyric acid and Nonne-Appelt strongly positive, cell count 50. Patient has been restless ever since his admission to the hospital. Three injections of mercurialized serum were administered. Following the second injection patient was unable to be up and around. Lost considerable weight. Refused nourishment. Mental and physical condition considered decidedly worse. Following the first injection the spinal fluid showed: Wassermann + + + +; Nonne-Appelt and butyric acid tests positive, cell count 47. Spinal fluid examination did not show any change following the second injection, but the last report from the Psychopathic Institute, dated April 24, 1915, after the patient had received three injections, shows that the spinal fluid is negative as to Wassermann test. However, the butyric acid and Nonne-Appelt tests are still strongly positive and the cell count is 160 per c.mm. At present the patient is bedridden, his physical condition poor. Refuses nourishment, is untidy; pupils, speech and reflexes show no change.

### CONCLUSIONS.

1. The administration of mercurialized serum is a very dangerous procedure and has no value in the treatment of general paralysis of the insane. Severe aftereffects are present, as shown in the one case who ran a continuous temperature for two weeks, and the second case who developed a high temperature the third day of the treatment, followed by collapse.

2. The cellular elements and the globulin tests are not influenced by the injection of mercurialized serum, in fact, in some cases an increase in the cell count was observed.

3. The Wassermann reaction became negative in three cases, but without showing any improvement either in the physical or mental condition of the patients.

Out of the eight cases under treatment, two died; one was paroled home, condition stationary; two are bedridden, one who was a good worker prior to the treatments refuses to work at the present time; and the other two have shown no change except some loss of weight.

While this treatment may have some value in cases of meningo-myelitis or tabes, I do not believe that general paralysis of the insane can be influenced by this method of treatment.

In conclusion, I wish to thank Dr. W. A. Ford, member of the staff of the Watertown State Hospital, for his kind cooperation in assisting me in this work and doing some of the laboratory work connected with these cases. The Wassermann tests were performed at the Psychopathic Institute.

## EDUCATIONAL TREATMENT OF THE FEEBLE-MINDED.\*

[By K. H. ELTING, M. D., of the Staff of the Lincoln State School and Colony.]

The problem of the education of the mentally defective child has received little attention until the last few years. Very little literature has been written on the subject which is of practical importance. Psychologists have only recently taken up this work and as yet very little has been published as regards the pedagogy of the mentally defective. Ever since there have been feeble-minded institutions an effort toward educating these in a practical way has been carried out, but only recently has the work been taken up scientifically, and at present it is in its initial stage.

Dr. Edouard Seguin advanced the first principles upon which the training of the mentally deficient is logically based. By much effort and patience in the application of these principles he was able to demonstrate quite remarkable results, even from the apparently hopeless idiots. The work of Binet-Simon recently translated from the French, has taken up the discussion of this subject, which resulted in the form of a scale of intelligence tests which now are used widely in Europe and America. This work deals with

\* Read before the Illinois State Hospitals' Medical Society.

the means of testing children to find their mental status and takes up the matter of their education.

Binet defines the abnormal child as one whose common characteristic, which is a negative one, is that his physical and mental organization does not enable him to profit by the ordinary methods of instruction used in the public school. Among the most common types of the abnormal child are the deaf, dumb, blind, epileptic, idiot, imbecile and feeble-minded. The deaf, dumb and blind have already been provided with special educational training. The idiots, which include the lowest grade of mental defective, are seldom educable, and if so only to a very slight extent, are received in the asylum and hospital purely as custodial cases. The imbecile and feeble-minded remain and many of these are found in the primary rooms of the public schools where teachers report their inability to profit by the instruction given in school and that they differ from the great majority of the other children and are not able to work along with these children; that they are lacking in intelligence and many of them not capable of assimilating even the elementary branches, with poor attention, some of them excitable and difficult to discipline. These cases should not become purely custodial in the institution, but should have the benefit of the special school. They require individual attention from the teacher and should be given instruction especially adapted to their mental state.

Binet states that there are two conceptions of a totally different nature, either of which may inspire the training of a defective. One is that the defective child is practically the same as a normal child several years younger or is a child retarded in his mental development. A backward child of 12, who has not learned to read, would be comparable to an ordinary child of 6 just beginning to learn to spell. This comparison can not be made without reservation. The defective is older and has not the time to develop that the younger child has—also this child has a bodily as well as a mental development, due to his age which is not attained by the child of 6. His general knowledge is greater and he is nearer the age of puberty. If backwardness is only a slowness of development, the same methods and course of instruction can be used in the case of the defective as in the normal child.

Another conception in a mental defective is that this child does not in any way resemble the normal child whose development has been retarded or arrested, but the defective is obstructed in one direction, his development has progressed in others, and, so far as certain faculties are concerned, he remains at the level of a normal child younger than himself but in respect to others he is on a level with normal children of his own age. His specific characteristic, therefore, is an unequal and imperfect development.

If the latter conception of the defective child is accepted the same curriculum for normal children is not suitable for the instruction of the mentally defective. There should be taken into account the faculties already developed and the natural aptitudes. Any child showing a special interest for a certain subject, his training should be directed along this particular line.

The mentally defective may be a likeable child—the greater his retardation, the better may be his conduct. He sits quietly in his seat, makes no noise, allows himself to be forgotten, and is easily disciplined, obedient and respectful—fond of doing little services for those whom he likes and is kind and affectionate. Reward or punishment of the defective interests him only for a short time. The ill-balanced child is a troublemaker to his teacher, hard to discipline, inattentive, boastful, often cruel, deceitful, cares nothing for rewards, and punishment only makes him worse. He is a difficult case for the school.

The natural aptitude of the defective child may be ascertained by finding if the child has shown any particular aptitude, either in or out of school, and in what is he most interested. Sometimes his interest and aptitude is the same. In ascertaining the aptitude of a certain group of these children it was found that they were most successful in gymnastics, drawing, writing



and reading, (the list did not include sewing and manual work) with a weakness for composition, indicating that the function of speech is inferior to the sensory and motor function.

The outline of instruction for the normal child, all of whose faculties are developed equally, would not be suitable for the defective. If the defective is given a piece of work which is not too difficult and the interest in which appeals to his organs of sense and is concrete, he will be able to do the work quite well, whereas, if it involves abstract ideas expressed in speech he at once reveals his defectiveness.

The workshop as a symbol of concrete work should become more important in the education of the defective than the class as a symbol of verbal work. In instructing the defective the nature of each individual case should be studied and particular training fitted for his case. No definite curriculum should be formed and the teacher should be allowed some freedom as to the course which should be pursued. Only the defective who is likely to improve should be admitted to this school. For the lowest type, the purely vegetative idiot, who is unable to talk, walk or care for himself in any way, the best that can be done is to give lessons in walking, feeding and dressing himself. These are purely cases for the hospital. The imbecile and the feeble-minded are the defectives indicated for school, the former being questionable.

To obtain the best results in the education of a defective child it should be carefully studied and become well known to its teacher. Information should be obtained from the original school from which the child was sent—as to his conduct, school attendance, intelligence, instruction pursued, application to his work, inflicted punishments and rewards and as regards his state of health.

In the medical examination of children an attempt should be made to find out if the child is suffering from some illness which may be helped by medical treatment, such as some internal gland disturbance, epilepsy, rickets, adenoids, tuberculosis, etc. The physical defects of sight and hearing should be given prompt attention. The physician should recognize the ailments which coexist with mental deficiency and make an effort to help this condition; secondly, to investigate as to the cause of the condition.

Tredgold, an English authority on mental defectiveness, states that the education of the mental defective should have a three-fold object, the first of which is to develop and cultivate all the latent potentialities of the body and mind to their fullest extent; second, should tend to repress or eliminate vices and faulty modes of action, and third, it should supply, if possible, such particular instruction as will fit the individual for some useful form of work. One of the first attempts of education in the defective is to arouse interest and until this is done no further possibility of training is attempted. This may be done by the use of games in which the child becomes interested, gradually replaced by drills and calisthenics. The child gradually learns to acquire habits of obedience and attention, and later is able to learn more regular and systematized exercises, such as are found in the kindergarten, and these later replaced by some technical instruction in woodwork, needlework, laundry.

The environment of the child should be made suitable to his capability to assimilate it. Owing to his mental deficiency, he is not capable of adjusting himself to the environment given the normal child. After interest has been aroused, he may be led, step by step, from one acquirement to another. The measure of success will vary much and will depend upon the inherent capacity for development in any particular case. There is a point reached beyond which no advancement can be made.

The most that can be expected in educating the idiot is to establish habits of cleanliness, self-feeding, curbing of destructive and vicious tendencies, and by signs or words to express his simple wants. In many cases none of these results are obtained.

In the imbecile group a higher state of development is obtained. They may become useful in the performance of some routine work.

In the case of the feeble-minded many become orderly, industrious, capable of reading and writing and some useful employment which keeps them contented and contributes to their support.

Industrial training is only a continuation of the general training and also has an educational value. The mentally deficient child learns more with his hands than his head. The industrial and technical training is a factor of considerable importance, as well as the only means of turning these defective children to practical account. Some of them become self-supporting and capable of receiving remuneration. The nature of this training should be determined by the particular characteristics of the child, sex, social position, and probable environment of later life. Instructions should be given by competent persons and for those not employed out of doors on the farms, dairies, etc., indoor occupations, such as carpentering, shoemaking, tailoring, brushmaking are suitable for the males and needlework of various kinds, cooking, laundry work and sewing for the females.

At the Lincoln State School and Colony there are present about 1,620 defective children, of whom perhaps 800 are custodial and hospital cases. Among the latter are the lowest type, the idiots; a little higher, the low-grade and middle-grade imbeciles, the paralytics and epileptics. The remaining children include the school children, workers on the farm, in the laundry, in the various shops and those employed in the kitchens, dining rooms and on the wards. The children are graded mentally by the Binet-Simon Scale—the idiot who has an intelligence up to 2 years of age, the imbecile from 2 to 8, and the moron from 8 to 12. Any adult passing the 15-year tests is considered normal. There is provided a special school for the training of the children and it is customary to give every child, with a few exceptions, about 10 days after admission, a term in school. If the child is found to be incapable of gaining anything in schoolwork he is taken out and placed either on a custodial ward, if of low mentality, or if having reached his mental limit and capable of performing some useful work, he is placed where he can perform the best work.

The object of the school is to train the child to be self-supporting in the institution, as far as possible along the line of his natural aptitude. There are at present between 325 and 350 pupils with 15 teachers employed. The classification of the school begins with the kindergarten. Here children are taught movements, how to use the limbs, moving chairs about, some simple handwork and singing. In the first primary they are taught reading and writing and some number work. The second primary has the more advanced pupils—some will reach as high as the fifth grade in reading. The fourth grade in number work is as high as any child may go. Most children are very poor in this work and only the exceptional child does much. In the sewing room the girls are taught to make their own clothing, crochet and do embroidery work, and later are sent to the shops where they may assist with the general sewing for the institution.

In the manual training department there are about forty boys who do useful woodwork. Later these are sent to the carpenter shop. The arts and craft room includes making hammocks, weaving, knitting, etc. In the art room, drawing and china painting are taught. All school children except the epileptics and cripples have gymnasium work.

In the rug room are employed five children in the weaving of rugs. About sixty rugs were made last year.

Music, both vocal and instrumental, is taught. In the vocal class there are about twenty-five boys and girls who compose a choir and about eighty children in the singing class. There is also an orchestra and band, which is composed mostly of the inmate children.

In the workshops are found many of the children who have reached their mental level and who are capable of performing the special work of the shop in which they are employed.

In the sewing room are employed about fifteen girls. Here most of the sewing for the institution is done and several thousand pieces are made by these children during the year. It is stated by the seamstress in charge that these girls become quite irritable if kept at one certain line of work for any length of time and that she usually varies her work as much as possible and does not keep them at one thing longer than two hours.

In the tailor shop fourteen boys are employed and here the heavy, coarse, flat work is done and wearing apparel for the boys is made.

In the brush shop nine boys are employed at the present time. Some of them are capable of making as high as eight to fourteen brushes a day. In this shop are made brushes of various kinds—hair brushes, scrubbing brushes, etc. This shop supplies all the other State institutions with brushes of various kinds. These boys begin work at 7.30 in the morning and work steadily until about 5 o'clock in the evening.

In summarizing the characteristics of the mental defective it is found that one of his prominent defects is lack of "attention," his inability to adapt himself to ordinary environment and that an environment must be fitted to suit the mental status of the child. The defective child lacks initiative and effort, it is necessary to stimulate with praise, he needs much more practice, fags more easily, and can not be kept at work too long at a time; short and frequent practice is the best. The higher the mentality, the greater is the child's attention and power of effort. These children are lacking in judgment and have to be watched in every detail of work; some are incapable of doing the most simple tasks unless supervised. The teacher who has undertaken the training of the mental defective must have much patience, practical experience and interest in his work in order to obtain the best results and render those of higher mentality capable of performing remunerative work.

## A DIPHTHERIA EPIDEMIC IN A STATE HOSPITAL.\*

[By VICTOR A. BLES, M. D., of Staff of the Elgin State Hospital.]

It goes without saying that an epidemic of any disease, appearing in an institution which cares for a large number of inmates, is a serious thing. The danger of the disease being spread among the population is great while the problem of confining the epidemic to the institution is as important as that of combating the disease itself. Many of the visitors to our hospitals come from the neighboring towns and villages where sanitary supervision often is inadequate so that disease is easily carried out of them and just as easily spread in them if it were allowed to leave the institution. Therefore, the principle most important in the handling of an epidemic is strict isolation of true or suspected cases, and immunization, as complete as possible, of all those patients or employees who may have come within a reasonably comprehensive zone of infection or who will have to take care of infected or suspected cases. Much depends upon the nature of the institution and those hospitals which house the insane have special problems to contend with as any patient, however violent, destructive or demented, may have to be cared for at very short notice. During the recent epidemic of diphtheria at the Elgin State Hospital we treated all sorts of patients as well as employees. Not only had the psychoses and conduct of the patients to be considered, but also the degree of infection and we tried to segregate those patients whose illnesses in all probability would run the same course or be of the same duration. We treated violent patients and destructive, untidy ones, senile ones and one case even in a condition of advanced paresis, demented and resistive, who recovered from diphtheria, but was too weak to be moved and died shortly after in isolation from post-diphtheria paralysis. Frequent changes had to be made. Single rooms had to be arranged for several patients and many times I felt as a hotel keeper must feel during a convention rush. The young defectives often proved obstreperous and demented patients had to be watched carefully to keep them from breaking isolation through sheer dementia. Restraint, including seclusion, is no longer used in our institutions and this added to the necessity for constant vigilance.

The first case entered the hospital ward December 11, 1914. The last cases were discharged from isolation on January 7, 1915. Between those dates we took care of twenty-five positive cases of diphtheria and many cases under suspicion who were at first all taken to the hospital wards but, toward the end of the epidemic, kept in strict isolation on their respective wards. At the time that the last cases were discharged there were still a few under suspicion and after that about a dozen suspicious cases came in which

\* Read before the Illinois State Hospitals' Medical Society.



all proved negative. Forty-six employees received immunizing doses of 1,000 units. During the last week of March of this year two cases turned up which may have been sporadic or afterthoughts of the epidemic, so to speak. A female patient and a male attendant became infected and six employees received immunizing doses at that time. These cases were not under my care. The main epidemic was probably introduced into our hospital by a young child. For this reason and for protection of the public all children were kept off the wards, but they were made to wait in the reception room or vestibule and could have spread infection almost as easily from there as from the wards. The epidemic had at least this salutary effect that a rule became permanent forbidding the presence of children under 16 on the wards, with which rule I agree most heartily from a psychological standpoint.

The epidemic fortunately was mild in character, mostly of the pharyngeal type. The membranes often were trivial or seen but late in the disease while the familiar soreness of the mouth remained the most prominent symptom. Smears from such mouths, however, were definitely positive for many days. Several cases of follicular tonsillitis turned up during the epidemic but showed pure coccus-growths only. One attendant who exhibited what seemed to me to be a typical case of tonsillitis gave a smear which raised a doubtful culture and received one dose of 6,000 units of antitoxin to which she reacted badly, much after the manner in which some patients react badly from lumbar punctures.

As I look back upon history of our epidemic, I realize that we handled the invasion in an extremely empirical manner. Our excuse, if, indeed, excuse be possible, lies in the sudden onset of the epidemic, the rapidity with which the number of cases grew from the beginning and the immediate demand for very active measures. We, therefore, did not make use of the Schick reaction which probably would have saved us many doses of antitoxin. Beside this advantage one must also remember the saving in inconvenience to those who receive immunizing or curative doses of anti-toxin. This holds good especially in the cases of nervous subjects. In connection with this I might say that only one case reacted badly to an immunizing dose. This was the case of an employee who, about a year or more previously, had suffered from a severe streptococcus invasion from which he had received many doses of antistreptococcal serum and plain serum hypodermically. This man was prostrated by vomiting, headaches and giddiness with rise of temperature without any local reaction. As a matter of fact, even the use of the Schick reaction would not have made much difference in the handling of the epidemic as all clinically suspicious cases had to be isolated immediately in any case. At that I am perfectly convinced that several of the cases which came under our observation were not true cases of diphtheria, but carriers. One case especially showed but vague clinical symptoms, but smears from the throat gave positive cultures for quite a while, and a trail of positive cases followed in its wake. It is no longer necessary to dwell upon the principle or the technique of the Schick reaction, as several articles have recently been written on that subject. In fact, it is probable that the natural immunity of many people to disease is not limited to one for diphtheria. I believe the same is true, for instance, in the case of erysipelas infection. The Schick reaction depends upon the local irritation caused by the intra- (not sub-) cutaneous injection of actual diphtheria toxin. It corresponds, of course, with the von Pirquet test for tuberculosis. The needle is introduced only through the most superficial layer and must be visible through the skin. A positive reaction consists of redness and induration appearing in about 24 hours, reaching its height in 48 hours, followed by pigmentation and scaling for about two weeks. Its presence indicates that less than 1/30 unit of natural antitoxin is present in 1 c.c. of blood serum, this amount being insufficient to prevent the patient from contracting the disease. Absence of reaction shows that the toxin has been entirely neutralized by the systemic antitoxin. Schick and Park claim that this natural antitoxin exists in about 80 per cent of the newborn and 90 per cent of adults, but in a much smaller percentage of young children, as might be expected, remembering the prevalence of diphtheria in childhood. The re-

sults of the tests made recently in the Lincoln Hospital, New York, are rather widely at variance with the ones just mentioned. Here we find that out of nine children under 14 months only three (33½ per cent) were negative, and of nine from 14 months to 5 years two (22 per cent) were negative. Probably a happy medium between these extremes is nearest the truth. It should be mentioned that these tests were made on persons belonging to the colored race. The final conclusions agree in this respect that the most susceptible age is early childhood, but not infancy; that immunity, conferred by the disease or artificial antitoxin, is not permanent, but very variable in duration. It has also been found that the intravenous injection is more effective than the subcutaneous method.

After finding that the repeated usual dose of antitoxin did not clear up the disease I began to give large single doses and obtained excellent results. Statistics in an epidemic of 25 cases do not amount to much and might be found to be absolutely misleading in the handling of a future invasion, but the duration of the attack was shortened so perceptibly in those cases which received the large single doses that we could not ignore the difference. At that, it was not necessary to give more than 6,000 units in one dose. The question naturally presents itself if the earlier cases were not more severe than those which came at the end of the epidemic, but this is not the case.

I believe that the local treatment is very important. It is commonly believed that the injection of antitoxin is all-sufficient and that the symptoms of diphtheria should at once disappear. This does not happen and the local treatment must not be slighted. Peroxide of hydrogen proved of great value. A 25 per cent solution of guaiacol in olive oil had been recommended in tonsillitis and was found to be effective in the cases of the tonsillar type, but in a 10 per cent solution. One peculiar feature of the epidemic was that cases continued to turn up from most unexpected directions, the origins of which could not be traced. At first the women's wing seemed to be the principal source, nearly every ward furnishing victims. Later, however, the men began to come in, several of them patients who worked outdoors all day long and lived in parole wards and buildings. Undoubtedly these peculiarities of invasion were due to the presence of carriers.

Generally speaking, cooperation on the part of patients and employees was good and, as might have been expected, the exceptions were furnished by those who should have known better. Although nurses and attendants could have been ordered to go on special duty with infected patients, I chose to place this special duty in the light of an honor conferred, and those who served were requested to do so and did so voluntarily. My request was denied in two instances. One of the difficulties we had to contend with originated from the fact that many attendants concealed the fact that they had sore throats for fear of being placed in isolation. Many patients, however, were too anxious to be objects of sympathy and announced sore throats, whether or no.

*Nihil humanum a me alienum puto* and this epidemic was of great interest to me in that, as at all times of special stress, the vagaries of the human mind were brought out in high relief. Affairs took unexpected turns. People who should have been, and were thought to be, dependable were found wanting. Others, who had been regarded as insignificant, showed that they were manufactured from the stuff from which heroes are built, the quiet heroes, the sons and daughters of Martha, who do the world's work because it must be done.

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### HUMAN INBREEDING.\*

[By C. B. CALDWELL, M. D., Assistant Superintendent, Lincoln State School and Colony.]

In experiments with domestic and other lower animals, and plants, it is possible to do many things in the way of selective breeding which obviously cannot be performed with human beings. Selection in breeding of domestic animals, for instance, has been carried on extensively in the various types

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\* Read before the Illinois State Hospitals' Medical Society.

or the preservation of certain qualities and characteristics. Owing to the wide variety of choice in breeds and types for experimentation by the thrematologist it is manifestly not feasible to compare this work with observations in the human family where one has no opportunity to control in advance, but must be, of necessity, only enabled to study the results of selection over which he has had no control.

The effort to have domestic animals "breed true to type" has led students of breeding to breed individuals more or less closely related because they more often present qualities in common which are deemed worthy of transmission to the offspring. The proper nomenclature for such breeding does not seem to be clear even in the minds of breeders of large experience. Hence "inbreeding" is frequently used to designate any mating wherein the parents are at all closely related by blood. This will be the sense of the title of this article. The closer students, however, distinguish between "inbreeding" and "line breeding," the former comprehending only matings between (1) a sire and his daughter, (2) a dam and her son, and (3) a brother and sister. Line breeding thus includes breeding of cousins, an uncle and niece, grandsire and granddaughter, etc.

"Nature abhors incestuous breeding" is a trite statement which especially applies to the human race. The average person instinctively experiences a feeling of revulsion at the thought of marriage between close blood relatives. Commonwealths have enacted laws to prevent marriage between "first" cousins or other couples more closely related. It follows then that inbreeding amongst humans is most apt to occur in degenerate individuals and so is associated with immorality and feeble-mindedness. Practically all institutions for mental defectives have asked about "consanguinity of parents" on their interrogatory blanks.

A study of the applications of 3,600 children admitted to the Illinois institution for the feeble-minded reveals that 166—slightly higher than 4.5 per cent—were the offspring of parents who were at least third cousins. Two hundred and five have either given "unknown" or have failed to answer her question. It would be conservative to estimate 5 per cent of consanguineous parents and leave uninvestigated the truthfulness of the denials.

Four of these cases are offspring of father and daughter; one of brother and sister; three of uncle and niece. Seventy-eight have first cousins as parents; twenty-four, second cousins, and fifty-six, third cousins.

One hundred and twenty-six (76 per cent) are from parents living in rural communities; forty from parents living in municipalities of greater than 10,000 population.

Five cases then comply with the stricter definition of inbreeding. They are summarized briefly:

C. B.—Offspring of a father and his daughter. Father of moron type as to intelligence; mother of imbecile type; both in fairly good physical health. Child a weakling of 8 years and of the lowest type of idiocy.

F. T.—Offspring of father and a daughter. So far as can be ascertained, parents were feeble-minded of the higher type of intelligence and in very good physical health. Child an idiot—apathetic in manner—of very low intelligence; a weakling who died at 14 years of pulmonary tuberculosis.

J. P.—Offspring of father and daughter. Father and mother of fair physical health, would rank as morons. Boy an imbecile in intelligence, undersize, anaemic, but active.

L. H.—Offspring of brother and sister. Parents robust, and from history seemed to have been borderline cases as to subnormal mentality. Child a low-grade moron of 28 years, quite active with more or less genius for simple machinery; frequently subject to illness.

W. A.—Offspring of father and daughter. Parents normal in intelligence, mother having finished second year in high school. Both have very good physical health. Child fairly bright—imbecile in intelligence scale and of fairly good physical health, though not nearly so robust as the parents.



Investigation shows that the above five cases came from families who led a seclusive existence and all were known as having rather pronounced eccentricities of one kind or another.

Aside from these a study has been made of a series of forty cases whose parents were not so closely related. It has been noted in practically all of these that they have not compared at all favorably with their parents either in mentality or physical vigor.

The case of the family of H. S., living outside the institution, might be related:

The father and mother were "first" cousins—people who were highly respected in the community and both of whom were quite vigorous, though inclined to worry over their cares—business and family. They were quite normal mentally, but there had been a case of insanity in one of the grandparents. They had eight children as follows:

C.—Eldest; epileptic idiot.

B.—Second; a ne'er-do-well of nomadic habits; an alcoholic; in fair physical health.

W.—Third; a dwarfish fellow, who died at 28 years of heart disease; an alcoholic; one who even when well had never been able to succeed in a business way; high-grade moron as to intelligence.

E.—Fourth; rather poor physical health and body poorly nourished, but normal mentally.

M.—Fifth; fair physical health but of psychasthenic type; hypochondriasis.

A.—Sixth; a moron and boy of degenerate habits.

R.—Seventh; a moron who later developed epilepsy.

E.—Eighth; a cerebral diplegic of moron type; some tendency to sexual immorality.

These children made a striking contrast to their parents, both mentally and physically.

E. Davenport in speaking of the disadvantages of inbreeding, mentions the intensifying of characters. He states that inbreeding "affects all characters of the individuals involved, bad as well as good." This fact has long been known among breeders.

The trouble seems to be that there is no uniform basis on which the breeder may calculate in different animals. C. B. Davenport says that he has experimented with rats with brother and sister inbreeding for 10, 15 and even 20 generations with no diminution of fertility or of vigor. On the other hand, he had difficulty in poultry experimentation with continuing brother-sister matings for more than three generations. At the end of that time all the chicks died. Vigor and fertility are two essential qualities required by animal and plant breeders.

In human beings we will for convenience replace fertility and vigor with mentality and vigor. There is plenty of evidence of consanguineous matings in the very best blood of the old families in the United States. The offspring of such marriages were leaders in thought, political and social activities, and some became governors. The Nam family of the feeble-minded in New York had 55 per cent of consanguineous marriages.

In conclusion, the findings would seem to indicate that amongst human beings, parents related by blood, and who are faulty in mentality or physical makeup, seem to have this defect rather intensified in the offspring. It is probable that the bad qualities so intensified far outweigh any intensification of the good qualities.

Our investigation has borne out the observations of a number of other investigators who have found that the tendency toward intermarriage is far more pronounced in rural than urban communities.

The tendency to physical defect, both general and special, seems to be well marked in these children.

The popular idea that consanguineous matings among human beings is fraught with peril, owing to inheritable qualities of undesirable characters, seems to be well founded.

## REPORT OF TWELVE CASES OF CEREBRAL SYPHILIS IN WATERTOWN STATE HOSPITAL.\*

[By W. A. FORD, M. D., of Staff of the Watertown State Hospital.]

The following 12 cases of cerebral syphilis were all of the cases admitted during the years 1913 and 1914 to the Watertown State Hospital thus classified.

Of 687 patients admitted in the last two years 12 were diagnosed cerebral, or cerebral spinal syphilis, making a percentage of approximately 1.75.

The laboratory work done on these cases includes Wassermann tests on blood and spinal fluid, as well as butyric acid tests and cell count on the spinal fluid of some of the cases.

The cases are interesting, in the first place, because of the great variety of mental and physical manifestations presented, and in the second place, because of the comparatively good results obtained by treatment.

From the case histories of these people, I have prepared a brief statement of each one covering the chief mental and physical observations, together with laboratory reports, subsequent treatment, and the results obtained.

*Case No. 1.* G. C., admitted May 3, 1913; age, about 40; occupation, porter; negro; civil condition, married.

**Mental condition.**—On admission, confused, irritable, excitable and completely disoriented. He had a poor memory for recent events and some degree of euphoria.

**Physical condition.**—On admission, Rombergism present; pupils unequal and sluggish; some speech defect; and knee jerks greatly diminished.

**Laboratory findings.**—The Wassermann on the blood was positive, that on the spinal fluid was negative. Butyric acid test on spinal fluid was positive. No cells present.

Antisyphilitic treatment was administered before and after the patient came to the hospital. No salvarsan was given. Mercury and potassium iodide were administered. In October, 1913, the blood Wassermann was negative. The patient rapidly improved both mentally and physically and was paroled from the institution June, 1914. The last heard from him was in August, 1914, when he wrote a letter to the superintendent saying that he felt well, was at work, and asked to be remembered to his friends at the institution. He was discharged as recovered about this time.

*Case No. 2.* E. G., admitted May 26, 1913; aged 34; negro, porter; married.

**Mental condition.**—On admission, was agitated, depressed and fearful.

**Physical condition.**—Very emaciated. He complained of headaches and vomiting. The pupils and reflexes were reported to be normal.

**Laboratory findings.**—Blood Wassermann was positive. Spinal fluid Wassermann was negative. Butyric acid test was positive. The cell count showed 90 cells per c.mm.

**Treatment.**—Aside from the usual mercurial treatment, he received Neo-Salvarsan injections three times. After the first dose he began to improve. The blood serum showed a negative Wassermann after the second injection, but the mental condition had not cleared up. After the third injection the patient began to get worse, and as he had begun to develop the physical findings of general paralysis, treatment was discontinued.

At the present time the patient is undoubtedly one of paresis. Both the blood and spinal fluid showed positive Wassermann.

*Case No. 3.* F. O., admitted May 28, 1913; aged 32; switchman; single. Mentally on admission he was depressed and suicidal. While at first he was fearful, he later became very violent and irritable.

**Physical condition.**—At the time of admission there were evidences of tertiary lesions of the nose and throat. He had acquired syphilis in 1903. The inguinal glands were enlarged. His eyes hurt him, and he complained a great deal of headaches.

\* Read before the Illinois State Hospitals' Medical Society.

Laboratory findings.—Wassermann of the blood strongly positive. Wassermann of the spinal fluid faintly positive. Butyric acid test negative. No cells present in the spinal fluid.

The patient improved in conduct and in health after one dose of neo-salvarsan. After the second dose of neo-salvarsan the patient began having convulsions, followed by attacks of confusion and irritability. The ulcer of the palate healed, and the patient felt good in every respect. The Wassermann test on blood remains positive. No more salvarsan was given, and the convulsions were present off and on for about six or eight months. These finally ceased, but he continued very irritable, and often got into fights, although he seemed improved in other ways. He was paroled home August, 1914.

*Case No. 4.* E. S., admitted July 30, 1913; aged 38; bartender; single. On admission, the patient was delirious for a few days. He was confused, fearful, and at times incoherent in speech, and at times rational, at which times insight was present. Physically the patient was very thin. Rombergism was present. Deep reflexes of the lower extremities abolished. There was ptosis of the left eye, which also had Argyl Robinson pupil and slight external strabismus. The pupil of the right eye was irregular. He had a speech defect, and a disturbance of the organic reflexes. There was a history of venereal disease in 1912. A scar was present on the dorsum of the penis.

Laboratory findings.—Wassermann on the spinal fluid was 2 plus. Wassermann on the blood was 1 plus. Butyric acid test was strongly positive. Cell count 20 cells per c. mm.

The patient took mercury and iodides, and gradually improved. After being in the institution 11 months, he was paroled as improved. This was in June, 1914. He still had a disturbance of the organic reflexes, but the eye findings improved under treatment.

*Case No. 5.* A. H., admitted September 5, 1913; aged 42; seamstress; married but separated.

Mentally she was depressed, self-accusative, suicidal, very agitated, refused food and it was necessary to tube-feed her.

Physically she was thin and emaciated. Her complexion was sallow, and her hair nearly all out. She had suffered from one abortion several months before coming to the hospital, and had taken treatment for syphilis for two months.

Laboratory findings.—Blood Wassermann strongly positive. Spinal fluid Wassermann negative.

Treatment.—Three doses of neo-salvarsan were given in four months before the blood Wassermann became negative. The blood became negative in March, 1914, and has remained so ever since.

The mental condition, as well as the physical condition, cleared up, and she was paroled home in June, 1914. At the present time she seems to be entirely well.

*Case No. 6.*—P. F., admitted October, 1913; aged 22; laborer in Rock Island arsenal; negro; single.

Mental condition.—He was somewhat confused but cooperated well with his treatment. He said he felt sad because he was sick. Partial disorientation was present. He often had periods when he appeared to be very confused and clouded.

Physically he was in a good state of nutrition. Facial movements were asymmetrical. Tongue deviated to the left, when protruded. Right side of the face was drawn back farther than the left. Speech was hesitating and slow.

Laboratory reports showed the blood Wassermann strongly positive.

Four days after admission he suffered a stroke of paralysis on the left side of the body. This was probably caused by cerebral thrombosis. He was able to walk about in three weeks. At the present time the paralysis of the leg has cleared up greatly, but the arm does not show so much improvement.

The treatment in this case has been hydrotherapeutic, mercury and potassium iodide, and neo-salvarsan. Three injections of neo-salvarsan were given.



The mental condition rapidly improved until he seemed normal in every way. At the present time his blood is still positive, and the spinal fluid is doubtful (+). He is still under antisyphilitic treatment.

*Case No. 7.* A. I., admitted October, 1913; aged 35; occupation, sawfiler; single.

Mental condition.—He was apprehensive and almost mute. He refused to eat and had to be tube-fed. Often he was self-accusative and threatened suicide.

Physical condition at the time of admission was poor. Pupils reacted sluggishly to light. No other neurological findings present.

Laboratory findings.—The Wassermann on both blood and spinal fluid strongly positive. The spinal fluid came out under great pressure.

Patient started to improve after the first puncture was made. He then had two injections of neo-salvarsan, and continued to improve. He also got more cheerful, and it was not necessary to tube-feed him. Following another injection of neo-salvarsan in February, 1914, the patient relapsed into a condition like that which was present on his admission. In addition he showed Rombergism, some paralysis of the left side of the face, many facial tremors, and a marked speech defect. He began to fail physically, and had several very severe convulsions, as many as six in one day. By March, 1914, he was nearly exhausted, and was taken home to die. In four days his condition improved slightly and he was returned to the institution.

Since that time he has continued to improve rapidly. He increased in weight over 20 pounds. He had neo-salvarsan in June, July and August four times, making a total of seven injections. Besides this he had mercurial treatment. At the present time he is cheerful, contented, and a good ward worker, but shows a great mental deterioration. Blood and spinal fluid are both strongly positive, despite the strenuous treatment which he has had. The condition is now considered to be one of general paralysis of the insane.

*Case No. 8.* J. F., admitted January 17, 1914; aged 45; railroad watchman by occupation; single.

Mental state.—He was dazed, dejected, apprehensive and threatened suicide. There is a history of syphilis ten years before, at which time he is said to have had some paralysis affecting the lower extremities from which he had evidently recovered.

Physically on admission the patient was in fairly good condition. The face pulled somewhat to the right, speech was slow and tremulous. There were no paralyses of the lower extremities.

Laboratory report.—Blood and spinal fluid for Wassermann both strongly positive.

Patient was put on antisyphilitic treatment, and the physical findings above mentioned all cleared up. He has received only one injection of neo-salvarsan.

The mental condition slowly improved under mercury and iodides, and at present the patient seems normal in every way. He is a good worker, and has a parole of the grounds. He will be paroled from the institution in a short time. Blood is still slightly positive.

*Case No. 9.* P. M., admitted May 27, 1914; aged 53; laborer; single.

Mental condition was one of anxious depression with suicidal tendencies. He stated that he heard noises in his head all the time. He was very forgetful, but had good insight into his condition.

Physically the patient was markedly emaciated. There was slight impairment of both the senses of smell and of sight. The mouth deviated slightly to the left. There was some incoordination of muscular movement. Arterio-sclerosis was present. The patient complained a great deal of headaches, and projectile vomiting.

Laboratory report.—There was a positive Wassermann on the blood and spinal fluid. Cell count was negative.

Mercurial treatment was at once instituted, and three injections of neo-salvarsan were given up to June, 1914. The vomiting ceased almost immediately after treatment was instituted. Improvement both mentally and physically has been continued. Rombergism, which was present at the time

of his admission, has disappeared, and coordination tests are now well done. He is more cheerful, has parole of the grounds, and is able to work. The Wassermann test on the blood is negative. He still complains at times of pains in his head, but these do not give him very much concern.

*Case No. 10.* A. W., admitted June 15, 1914; aged 35; tobacconist; single. Mental condition came on suddenly. He developed ideas of persecution and became very destructive and noisy. On admission, he was quiet, prayed a great deal, and thought the hospital was a house of God. He had many persecutory delusions.

Physical condition was good. Patient a well-developed man. There was a facial asymmetry and the tongue protruded to the right. The deep reflexes on the right side were more marked than on the left. The blood pressure was heightened.

Laboratory findings.—Blood Wassermann was strongly positive. Spinal fluid Wassermann was negative.

He was given mercury and three injections of neo-salvarsan, and improved mentally and physically so rapidly that he was allowed to go home August 17, 1914. He returned every two weeks for about two months for examination and treatment, as his blood was still positive. On October 28 the laboratory report shows his blood to be negative. The patient is now in business for himself and seems entirely well.

*Case No. 11.* S. B. H., admitted July 3, 1914; aged 34; housewife; widow. The onset of the mental condition was rapid, being first noticed less than a week before her admission to the hospital. Loquaciousness, coupled with paranoid ideas and depression characterized her mental condition. She was partially disoriented.

Physically her condition was only fair. She complained a great deal of headaches, in the left posterior temporal region. The pupils were somewhat dilated and irregular. They did not react to light and only slightly to accommodation. She had a slight speech defect and exaggerated deep reflexes.

The blood Wassermann was strongly positive. Spinal fluid was negative for Wassermann tests, but positive to the other tests. Cell count was 60 per c. mm.

Under antisyphilitic treatment she rapidly recovered with insight. Only one injection of neo-salvarsan was given, as none was to be had at that time. On October 20 she was paroled to her brother. He put her under the care of physicians, who had been informed of her condition, and under whose care she has continued to improve.

*Case No. 12.* C. N., admitted August 24, 1914; aged 24; occupation, laborer; single.

There is a history in this case of syphilis four years ago for which he took treatment one year and a half.

Mental trouble came on suddenly. He got frightened and became dazed, and developed delusions of persecution. On admission, he was very much worried and agitated, and attempted to escape. He has been aggressive and irritable at times, and also had ideas of grandeur.

Physically the patient is a tall, frail individual. Facial movements show marked inequality. The mouth pulls strongly to the left. He cannot scowl or raise the eyebrows. The knee jerks were hard to elicit. No pupillary trouble was present.

The Wassermann on the blood was strongly positive. The Wassermann on the spinal fluid was negative. Noguchi butyric acid test and cell count were negative. The patient markedly improved after he was put on mercurial rubs and salvarsan. He was given three injections of neo-salvarsan, and was so much improved both mentally and physically that he was allowed to go home November 23, 1914, as his mother insisted on taking him. In a few days he was returned to the institution worse than when he was admitted the first time. His delusions are more prominent, and he is also very irritable. The blood Wassermann is still positive.

#### SUMMARY AND CONCLUSIONS.

Of the twelve cases presented, two developed into general paralytics. Both, however, improved markedly for several months under treatment before

they showed undoubted signs of paresis. Of these cases, one had a negative Wassermann of the spinal fluid, which, however, was positive to the butyric acid test and showed a cell count of 90. At the present time blood and spinal fluid Wassermans are positive in both cases.

Of the remaining ten cases, all improved under treatment except one, who at first improved and then relapsed. This one is the most recent case admitted. Six cases were paroled home as improved, and have been discharged as cured.

Three of the six cases still remaining in the hospital are greatly improved, but are staying here for further treatment. Two of them still have positive Wassermans.

The spinal fluid Wassermann was negative in six of the twelve cases. This agrees with the six cases of cerebral spinal syphilis, reported by Noguchi and Moore, in which 50 per cent of the spinal fluid tests were positive. There was a positive blood Wassermann in each of the twelve cases. This corresponds to 100 per cent positive obtained by Noguchi and similar cases. In regard to treatment by neo-salvarsan and mercury, nine of the twelve cases show clinical improvement at the present time, six of the twelve having been discharged from the institution.

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## THE WASSERMANN REACTION ON THE FEEBLE-MINDED.\*

[By H. J. FREEMMEL, M. D., of Staff of the Lincoln State School and Colony.]

### PRELIMINARY REPORT.

This paper was presented with the intention of estimating the frequency of syphilis amongst our feeble-minded children at the Lincoln State School and Colony by the Wassermann reaction. In a general review of the literature on the prevalence of syphilis in the feeble-minded, it was found that there existed a wide divergence of opinion between the clinical methods of diagnosis and the laboratory diagnosis as tested by the Wassermann reaction. Ireland states, "Syphilis in feeble-minded children is rare." Fletcher Beach, who examined 2,400 cases by clinical methods, found syphilis in only one and seventeen-hundredths per cent of their cases. Langdon Downe and Keslin found syphilis in two per cent of their cases. Shuttleworth found ten cases in 1,000 examined. G. F. Still found syphilis in 29 cases out of 4,830, or, six-tenths of one per cent.

All the above findings were in feeble-minded children. It has been considered that syphilis occurred in the feeble-minded in about one or two per cent of the cases examined by clinical methods. This has approximately corresponded with our findings at this institution, with a census of close to 1,700 children.

Our series comprises 361 cases—215 boys, and 146 girls, practically all of this series was selected at random. A specimen of blood and spinal fluid was obtained in all cases with some exceptions where it was found impractical. No case was considered positive unless at least 2 *plus* in the blood or spinal fluid.

The Wassermann test used was the "Human Hemolytic Circle" for antigen, an alcoholic extract of human heart with the addition of cholesterin. A fresh complement was obtained each time. Of our series of 361 cases, 81 proved positive, or 22 per cent. Of this group of 81 positives, 54 were boys and 27 were girls.

The Wassermann test on all our cases were performed at the Illinois State Psychopathic Institute, Kankakee, Illinois.

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\* Read before the Illinois State Hospitals' Medical Society.



TABLE I. CLASSIFICATION OF POSITIVE WASSERMANN REACTIONS AS TO AGE.

In this table the cases were arbitrarily classified into their respective ages—the youngest was 3 years of age, the oldest was 44 years of age. There were found—

Three	positive reactions at	7 years.
Two	positive reactions at	8 years.
Five	positive reactions at	9 years.
Two	positive reactions at	10 years.

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TOTAL—Twelve positive reactions between 7 to 10 years inclusive.

Four	positive reactions at	11 years.
Three	positive reactions at	12 years.
Seven	positive reactions at	13 years.
Eleven	positive reactions at	14 years.
Six	positive reactions at	15 years.

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TOTAL—Thirty-one positive reactions between 11 to 15 years inclusive.

Eleven	positive reactions at	16 years.
Five	positive reactions at	17 years.
Five	positive reactions at	18 years.
Two	positive reactions at	19 years.

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TOTAL—Twenty-three positive reactions between 16 to 19 years inclusive.

Three	positive reactions at	20 years.
One	positive reaction at	21 years.
One	positive reaction at	22 years.
One	positive reaction at	23 years.
One	positive reaction at	24 years.
One	positive reaction at	25 years.
Two	positive reactions at	26 years.
No	positive reaction at	27 years.
Two	positive reactions at	29 years.
No	positive reaction at	30 years.

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TOTAL—Twelve positive reactions between 20 to 30 years inclusive.

One	positive reaction at	31 years.
One	positive reaction at	39 years.
One	positive reaction at	44 years.

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TOTAL—Three positive reactions between 31 to 44 years inclusive.

The average age of our children at this institution is about 17 years. It will be noticed from the above table the greatest percentage of positives were found between the ages of 11 to 15 years inclusive, namely, 31 positives. Next in frequency between the ages of 16 to 19 years inclusive, in which there were 23 positives.

TABLE II. BINET-SIMON CLASSIFICATION OF ENTIRE 361 CASES EXAMINED.

In this table the cases were classified according to the Binet-Simon classification and are divided into five large divisions—idiots, with a mental age from 1 to 2 years inclusive; imbeciles, with a mental age from 3 to 7 years inclusive; morons, with a mental age from 7 to 12 years inclusive; backward child, one showing less than 3 years retardation. Three were normal in the Binet classification but were deficient morally. Of the 361

cases there were 213 boys and 142 girls—6 others, suffering with a psychosis, are not included in the following table:

*Idiot Boys:*

Total number examined.	39	66 idiot boys and girls examined.	5 positive reactions.....22%
Positive reactions.....	10		
Negative reactions...	29		

*Imbecile Boys:*

Total number examined.	121	196 imbecile boys and girls examined.	48 positive reactions.....24%
Positive reactions.....	34		
Negative reactions...	87		

*Moron Boys:*

Total number examined.	40	73 moron boys and girls examined.	11 positive reactions.....15%
Positive reactions.....	9		
Negative reactions...	31		

*Backward Children:*

Total number examined.	11	17 backward boys and girls examined.	6 positive reactions.....31%
Positive reactions.....	4		
Negative reactions...	7		

*Normal Boys:*

Negative reactions.....	2	3 normal boys and girls examined.	No positive reactions.
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*Idiot Girls:*

Total number examined.	27
Positive reactions.....	5
Negative reactions...	22

*Imbecile Girls:*

Total number examined.	75
Positive reactions.....	14
Negative reactions...	61

*Moron Girls:*

Total number examined.	33
Positive reactions.....	2
Negative reactions...	31

*Backward Girls:*

Total number examined.	6
Positive reactions.....	2
Negative reactions...	4

*Normal Girls:*

Negative reactions.....	1
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From the above table it is found that the group of backward children gave the highest percentage of positives, namely, 31%, but it will be noticed that there were only 11 cases in this group, which is a very small number from which to draw definite deductions. It is my belief that if a larger number of cases were examined, it would be found that the lower down in the Binet Scale of mentality, the more frequent a positive reaction would be found, as it is in the lower grades of mentality that organic defect is more common.

TABLE III. SHOWING THE STRENGTH AND VARIETIES OF POSITIVE WASSERMANN REACTION IN 81 CASES WHICH PROVED POSITIVE OUT OF 361 CASES EXAMINED.

*Positive Reaction in Blood Serum:*

Forty-two cases showed two plus in blood.  
Fourteen cases showed three plus in blood.  
Two cases showed four plus in blood.

*Positive Reaction in Spinal Fluid:*

Eight cases showed two plus in spinal fluid.  
Ten cases showed three plus in spinal fluid.  
No cases showed four plus in spinal fluid.

*Positive Reaction in Both Blood Serum and Spinal Fluid:*

Two cases showed one plus in blood and 2 plus in spinal fluid.  
Two cases showed two plus in blood and 1 plus in spinal fluid.  
One case showed three plus in blood and 2 plus in spinal fluid.

Fifty-three cases proved doubtful, or 1 plus, in the blood or spinal fluid, or both, but were excluded from the above list of positives. From the above table it will be found that there were only five cases which proved positive, both in the blood and spinal fluid. This number would possibly be increased if we could have obtained both fluids in all our cases, but this was found inadvisable in some cases, especially where the child was not robust. In some cases where both fluids were taken, the child often lost several pounds in weight and showed marked evidences of anemia.

Constitutional reactions following withdrawals of fluids were very common and usually occurred after the first twenty-four hours, and, in some cases, lasted for several days following. From our present series of cases it appeared that our children, on the whole, were very sensitive in marked

contrast to the ordinary reaction which occurred in adults. Probably most of these acute symptoms can be accounted for by the restless and playful tendencies of our children, which nearly always tend to aggravate the symptoms. Some of our cases, which were in the minority, enjoyed their usual health showing no trace of a disturbance of the cerebral fluid equilibrium, in spite of the fact they often disobeyed the strict rule of absolute quietness in bed and resting flat upon their back. The most frequent symptoms were emesis, headache and dizziness on standing in upright position. There was a fair degree of comfort in the supine position. In some cases where the child was bright enough, it was often possible to elicit a complaint of pain in the cervical region with slight rigidity of the neck muscles.

All cases were punctured at the Institution Hospital. The child was sent over a few hours beforehand and put to bed—no food was given on the day previous to operation. (For lack of space no description of the technique of blood and spinal fluid withdrawals will be given.) Children were all kept in bed until acute constitutional symptoms subsided.

TABLE IV. GENERAL CLASSIFICATION OF CASES.

In this table the cases are divided into the principal physical types as found in this institution.

	Number of cases examined.	Negative reactions.	Positive reactions.	Per cent of positive reactions.
Epileptics.....	69	56	13	18
Paralytics.....	56	42	13	25
Mongolians.....	16	12	4	25
Hydrocephalics....	11	9	2	18
Microcephalics....	6	4	2	33
Deaf mutes.....	7	5	2	28
Blind.....	7	6	1	14
Psychoses.....	6	4	2	33
Myxedematous....	4	3	1	25
Cretins.....	3	3		
Rickets.....	3	3		
Pellagra.....	1	1		
Ichthyosis.....	1	1		
	193	152	41	

It is of interest to note the high percentage of positives which occurred among the organic cases in the above table.

TABLE V. FINDINGS OF OTHER WORKERS.

In this table a comparison is made of the various organic cases with findings of other workers, and the percentage given with a general average per cent of all cases enumerated.

	Number of cases examined.	Positive reactions.	Negative reactions.	Per cent of positives.
<i>Epileptics:</i>				
Fraser.....	34	15	19	44
Freemmel.....	69	13	56	18
	27%			
<i>Paralytics:</i>				
Gordon.....	105	33	72	31
Freemmel.....	56	13	42	25
	29%			
<i>Mongolians:</i>				
Fraser.....	14	3	11	21
Gordon.....	8		8	
Holt.....	8		8	
Dean.....	1		1	1
Freemmel.....	16	4	12	25
	14%			



TABLE V. FINDINGS OF OTHER WORKERS—Concluded.

	Number of cases examined.	Positive reactions.	Negative reactions.	Per cent of positives.
<i>Hydrocephalics:</i>				
Knapfelmacher.	29	8	11	27
Dean.....	14	4	10	28
Gordon.....	12	1	11	8
Lucas.....	2	1	1	50
Freemmel....	11	2	9	18
	<sup>4</sup> 23.8%			
<i>Microcephalics:</i>				
Gordon.....	12	1	11	8
Atwood.....	5	1	4	20
Dean.....	4	4	4	33
Freemmel....	6	2	4	
	<sup>5</sup> 14.9%			
<i>Deaf Mutes:</i>				
Dean.....	7	1	6	14
Lucas.....	3	1	2	33
Freemmel....	7	2	5	28.5
	<sup>6</sup> 35.5%			

<sup>1</sup> General average of positive reactions for epileptics.<sup>2</sup> General average of positive reactions for paralytics.<sup>3</sup> General average of positive reactions for mongolians.<sup>4</sup> General average of positive reactions for hydrocephalics.<sup>5</sup> General average of positive reactions for microcephalics.<sup>6</sup> General average of positive reactions for deaf mutes.

It will again be observed the high percentage of positives in the group of organic conditions with the exception of mongolians. The general average of five workers found 14% positives in 47 cases. It has been suggested by some workers that this condition bore some relationship to syphilis. From the present findings this would not prove this contention very strongly.

Among our entire total number of cases there are found 19 groups of brothers and sisters, comprising 43 children. It is of interest to note that in nine cases of this group, the younger child showed a stronger positive; in two groups the elder child proved stronger positive; of twin girls, aged 26; one showed two plus in the blood—the spinal fluid negative; of the other, the blood was negative and also spinal fluid negative.

TABLE VI. COMPARING THE TOTAL PER CENT OF POSITIVES OF THE LINCOLN STATE SCHOOL AND COLONY RESULTS WITH OTHER WORKERS.

In this table an attempt is made to compare the number of cases examined by the Wassermann reaction, also giving the number of positives found by each worker and the percentage given. Finally a grand total was obtained of all cases and a general average made.

	Number of cases examined.	Positive reactions.	Percentage of positives.	Fluid tested.
Gordon .....	400	66	16	Blood serum only.
Dean .....	330	51	15	Blood serum only.
E. Kraber.....	262	56	21	Blood serum only.
Raviart, Breton, Petit, Gayet, & Can-nae.....	246	76	30	Blood serum only.
Atwood.....	240	30	14	Blood serum only.
Freemmel.....	361	81	22	Blood serum and spinal fluid both tested.
	1,839	360	19%	
Total number cases examined.		Total positives.	Average per cent.	

From the above table it is found that a total of the entire number of cases examined by the Wassermann reaction of the several mentioned workers was 1,839 cases. Of this number 360 proved positive, or 19 per cent. An interesting fact is the small per cent of cases which showed clinical evidences of syphilis in the above tests. Dean states, of the 51 cases which proved positive, seven showed conclusive evidence of congenital syphilis from a clinical standpoint; the balance of 44 cases rested entirely on the Wassermann reaction.

Gordon states, stigmata of syphilis could be distinguished in only eleven of the sixty-six cases, giving a positive result.

Atwood states, stigmata of syphilis appeared in only four of the total of thirty positive cases examined by the Wassermann reaction.

Bliss, of Fort Wayne, Indiana, examined at that institution 276 children in which the family histories were carefully examined. No case was tested with a history of syphilis. Of this entire group he found 8.3% positive. This is a surprisingly high figure when it is considered in relation to the negative family histories as to syphilis.

Taking the results of several workers, close to 2,000 cases were examined all amongst feeble-minded children, and of this number 19% proved positive, or, about one case in every five was positive. This would indicate that every fifth child was syphilitic or showed some syphilitic taint. Comparing these figures with thousands of cases examined clinically by reliable workers who could find syphilis in only one or two per cent of all their cases examined, would tend to prove that in the Wassermann reaction we have an agent from ten to twenty times more sensitive than all the clinical methods now at our command, and furthermore, that we have either greatly underestimated this condition, or possibly, for still some unknown reason, the Wassermann reaction reacts positive to other conditions frequent in feeble-minded children which we are still unaware of at this time. Holt says a positive Wassermann reaction may be obtained in scarlet fever and trypanosomiasis and later states, "For still some unexplained reason, errors occur on the positive side," (referring to the Wassermann reaction.)

It has been said that syphilis is the white man's plague; if this be so, it is reasonable to suppose that a good proportion of this scourge is transmitted to the offspring. A great cloud of darkness still hovers over many of the causative factors in the mentally deficient. How great a role this protean disease plays, is still in doubt but we do know syphilis may simulate many common diseases. Since the Wassermann reaction has come into use it has thrown additional light and has been found to be a safe guide to aid us in clarifying our understanding of this disease.

In conclusion, I wish to say no theoretical deductions are attempted as it is felt that this would be premature at this time. I fully realize my present findings are not conclusive. Many other factors should be taken into consideration, i. e., a thorough physical examination of each case which proved positive and a careful study of the family histories, together with a second Wassermann test on positive cases to rule out all doubt, are essentially necessary. It would be exceedingly interesting to obtain the blood of parents from each positive case. This step has been taken in some instances but our cases are too few to record. When all of these findings are investigated and correlated with the laboratory findings, then, and then only, would it be wise to venture an approximate estimate of the prevalence of this disease in our feeble-minded. We are still continuing this interesting work and intend to do several hundred cases more during the next year, at which time a second report will be made and final conclusion will be drawn on all our work performed. It is hoped that this study will stimulate others to take up and continue this interesting field.

#### SUMMARIZING.

Three hundred sixty-one cases were examined, practically all selected at random—eight-one of these cases proved positive, or 22 per cent—no case was considered positive unless two plus in the blood or spinal fluid, or both—all of the organic conditions showed a high percentage of positives—Mongols

showed comparatively small percentage of positives, namely, forty-seven cases showed 14 per cent.

Classification of positives as to age showed the greatest number between the ages of 11 to 15 years inclusive, namely, 31 positives; next in frequency from the ages of 16 to 19 years inclusive, namely, 23 positives—average age of all children at the Lincoln State School and Colony is 17 years. Summing up the findings of several workers it was found that a total of 1,839 cases were examined by the Wassermann test—360 cases proved positive, or 19 per cent; that is, 3 per cent less than our findings, but when it is considered that we tested both blood and spinal fluid it will be readily noted that this is a conservative estimate. Several workers have pointed out the very few cases in which a clinical diagnosis of syphilis could be obtained in cases where a positive Wassermann reaction was found.

Constitutional symptoms following withdrawal of fluid are frequent—principally less in weight and anemia. Binet classification showed a relatively higher per cent of positives in the lower grades of mentality. Nineteen groups of brothers and sisters, comprising 43 children, showed a stronger positive in the younger child in nine groups; in two groups the elder child showed a stronger positive.

In conclusion, I wish to thank Dr. H. Douglas Singer, Director of the Illinois State Psychopathic Institute, for his kindness in examining the blood and spinal fluid of this great number of cases. I also wish to express my deep appreciation to Dr. Thomas H. Leonard, Superintendent of the Lincoln State School and Colony, for his liberal kindness and deep interest, and Dr. C. B. Caldwell, Chief of Staff, for his many valuable suggestions offered.

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## LUMBAR PUNCTURE—PRACTICAL OBSERVATIONS MADE IN A SERIES OF 200 CASES AT THE JACK- SONVILLE STATE HOSPITAL.\*

[By EDWARD F. STRICKLER, M. D., of the Staff of the Jacksonville State Hospital.]

Lumbar puncture, as we know, was first devised and practiced by Quincke and his description and experiments were so complete that practically nothing has been added to his work. However, its importance was not fully grasped until the Wassermann reaction was evolved. The newer reactions, many of which are less complicated, have also aided greatly in establishing this importance. The object of this paper, however, is not to deal with the history of this procedure, but to mention certain practical points, which I have observed in a series of two hundred successive punctures.

Lumbar puncture is indicated as a diagnostic procedure and also in the administration of certain drugs, anaesthetics and sera, but in our work in the State Hospitals, its chief use so far, has been for diagnostic purposes. To-day the records of a case which gives evidence of a syphilitic infection, are not complete without a report on findings in the cerebrospinal fluid, but the bulk of writing is done on these reactions with their many minor reactions and practically nothing is said of the puncture. Text books, which mention the procedure, usually give it a short paragraph, which is of no use to a person performing a puncture for the first time. This would seem to imply that the puncture was of only minor importance and not a step to be carried out under rigid surgical cleanliness. A novice may consult any book on serology and perform most of the reactions on the cerebrospinal fluid without difficulty, but I feel safe in saying that in most instances it would require more effort on his part to do a successful puncture.

Authorities agree that persons in poor physical condition should not be subjected to puncture, nor should cases, in which a tumor of the posterior fossa is suspected.

The position of the patient during puncture seems to be largely a matter of personal preference. Quincke used the left lateral as a routine and the right lateral when occasion demanded but advised against the sitting posture on the grounds that in some cases, the intracranial pressure might be too suddenly reduced and a serious reaction thus ensue. Kaplan, in his recent publication, advocates the sitting posture as a routine. The object in either of the positions is to bring out the anatomical landmarks and increase the intervertebral space. It is my practice to use the right lateral as a routine, for the reason that the work comes more readily to me in that position. The head and knees are then approximated sufficiently to flex the spinal column and increase the intervertebral space to the desired degree. As a guide to introducing the needle into the median line of the dura, the plane of the pelvis and shoulders should be kept perpendicular to that of the table.

In preparing the skin at the site of puncture, any recognized method of producing surgical cleanliness may be used, and an area of about three inches in diameter should be prepared. In some cases with a heavy growth of hair in the lumbar region, shaving may be necessary and should be done dry if Tr. of iodine is to be used. Tr. of green soap, water and alcohol consume more time in application but probably give as good results as Tr. of iodine. If the latter is used, the strength is often found to vary. This is immediately detected by the intense discoloration of the skin and a good plan is to apply, allow to dry and then sponge with ethyl alcohol until the usual shade of iodine discoloration is reached. This will prevent the formation of vesicles, due to the irritant action of the iodine, a condition I saw on two occasions before taking this precaution. The method of scrubbing with Tr. of green soap and following with Tr. of iodine is also used, but is fundamentally wrong. Before sterilizing the skin, I always determine the site of puncture and then, with the iodine, draw a perpendicular line through the point, the length being sufficient to allow the ends of the line to project from the painted area. This acts as an addi-

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\* Read before the Illinois State Hospitals' Medical Society.

tional landmark, obviates manipulation after the skin is prepared and consequently reduces the danger of infection. I mention sterilization of the operator's hands only to urge the use of some one of the recognized methods.

There is considerable difference of opinion as to the necessity of an anaesthetic. Some workers use the ethyl chloride spray or cocaine and its derivatives by hypodermic, but it is my belief that the pain of the hypodermic is of little less intensity than that of the needle used for puncture. In practically every application of ethyl chloride there is complaint of pain due to the thawing of the tissue sprayed. I, therefore, use no anaesthetic as a routine and find that there is little complaint of pain after the skin has been pierced. In not using anaesthetics, we also recall that paretics rarely complain of pain at any time during puncture. The routine administration of morphine is sometimes practiced, but I do not approve of such practice. One good reason for this is the fact that the nausea often produced by morphine would greatly intensify any of the usual reaction, should they occur. Some workers have observed that morphine predisposed to reaction, a condition which may be explained by its physiological effect upon the brain. One case in this series required a small amount of ether, but the patient voluntarily stated the needle caused no pain. The extremely active resistance was also explained by him on a basis, which was evidently due to the mental disorder. Needless to say, such a step is to be taken only when the outcome of the case is under investigation.

A great factor, with which we have to contend, is fear, which is in turn due to the information imparted to new patients by the older ones who have been punctured. Their accounts are practically always exaggerated and elaborated to such an extent that the new man dreads the day he is taken to the operating room. I always take a specimen of blood from the arm for the Wassermann first, and feel justified in telling the patient the second step is merely to obtain blood from the back. This does not impress them as unfavorably as would the true description, and I also tell each one when the iodine and alcohol are to be applied. Again, I explain to them the pain on inserting the needle and find that these explanations often secure cooperation on the part of the patient that could not be secured otherwise.

The needles now used for puncture need no description. In passing, would say I prefer those without the large hilt, as a rubber bulb, for cleansing, is more easily attached to the smaller variety. Rigid needles are widely used, have been used without difficulty in this series and the records of such needles breaking while in position are rare. Such occurrences are due to resistance offered by the patient and the danger is greatly lessened by the use of pliable needles.

Quincke, in his experiments on the anatomy of lumbar puncture, came to the conclusion that puncture should be made between L 3 and L 5, where the needle point should rest between the roots of the cauda equina, the space between the roots being 2 to 5 m. m. in width. The space most frequently used is between L 3 and L 4, and the most prominent landmark is the spinous process of L 4, which is on a level with the upper border of the iliac crest. I have seen one case with a fusion and depression of the spinous processes of the first four lumbar vertebra, which necessitated puncture between L 4 and L 5, but have encountered no other deformities.

In introducing the needle, we again find a difference of opinion. Some puncture the skin to one side of the median line, then point toward the median line of the dura. Others puncture the skin in the median line and are not forced to alter the direction of the needle. In either case, the object is to puncture the membranes of the cord as near the median line as possible. If this is not done, some of the filaments of the cauda equina may be touched. In this case there is twitching or pain along the distribution of the trunk touched.

I pierce the skin just above the spinous process of L 4, in the median line, and with a quick thrust. The needle, as a rule, points upward and inward, but this direction may vary and point slightly downward or be horizontal to the plane of the pelvis. This downward direction is seen when the needle has been inserted too near the spinous process of L 3. If, after

the skin is pierced, bone is encountered, the needle should be withdrawn sufficiently to allow the direction to be changed. This may be done several times through one skin wound, but if necessary the skin may be pierced in more than one place. This, however, will rarely be found necessary if the site of puncture has been properly located. The needle is then passed on until the membranes of the cord are punctured. The depth at which this occurs, varies with the state of nutrition of the patient and is detected by the loss of resistance and the characteristic feeling as if puncturing a sheet of rather stiff paper with a needle. In a number of cases in this series, this puncture has been audible. The cases in which this occurred were invariably paretics and the sound only indicated the usual sclerosis of the membranes.

In removing the stylet from the needle, there is a certain amount of suction and for this reason a small amount of blood may be drawn into the bore if the membranes have not been pierced. If this has been done, the removal of the stylet should be followed by the flow of cerebrospinal fluid, in discrete or confluent drops, or in instances of increased pressure, a steady stream falling clear of the needle. This increase of pressure is of diagnostic value in some cases, while in others it is due largely to the position of the patient. Thus, the flow of discrete drops may become rapid and confluent when the patient's head is allowed to extend. Coughing or deep breathing may also produce the same result. Although the pressure has not been taken in this series, it should be noted and used as a guide to the amount of fluid withdrawn.

It is considered practically impossible to obtain a fluid which will not show a few red blood cells when examined microscopically, but no fluid, which shows blood by microscopical examination, should be saved for the cell count. It is true that the cells may be decolorized in the laboratory, but even then the result could not be considered reliable.

I am unable to find any description of a condition which produces an absence of cerebrospinal fluid, yet "dry taps" are often reported. Kaplan writes of an operator who obtained such a result, left the needle in position and introduced a second one in a higher space. He then introduced salt solution through the first and found that it appeared through the second. This was assumed to prove that both needles had pierced the membranes and that no fluid could be obtained. Neither the number of spaces between the needles, nor other influencing conditions are specified. It is my belief that in every case of complete puncture of the membranes of the spinal cord, fluid will be obtained. Perhaps it is better to modify this statement in order to exclude the rare conclusions of the needle by nerve filaments, flocculi of pus or the small pellicles sometimes seen in the cerebrospinal fluid. These conditions are surmounted by passing the sterile stylet into the needle. In my first ten cases, I reported two "dry taps," both of which I later punctured successfully. I have had no further results of this nature, and have reached the conclusion that "dry taps" are the result of inexperience and not absence of cerebrospinal fluid.

The bloodstained fluid, which is at times obtained, is due to injury of the anterior or posterior venous plexus and the position of the needle can often be shifted about until clear fluid appears. The bloody fluid obtained should be taken in a test tube and used as a guide to the total amount withdrawn. For diagnostic purposes this amount is usually 5 C. C. although this depends upon the number and character of tests to be performed. In cases where the fluid is to be replaced, as in the more recent methods of introducing certain sera and antisyphilitic remedies, the amount withdrawn varies with the line of treatment being pursued.

For closing the wound at the site of puncture, adhesive plaster or a cotton-collodion seal is used. I prefer the latter for the reason that it contracts in drying and would have a tendency to give a better closure. Although collodion is not classed as an antiseptic, several of its ingredients are so classed, and the impervious disc of the finished dressing furnishes a much less favorable condition for bacterial growth than the moist adhesive plaster. As I have seen no report of infection following puncture, and have had none in this series, I conclude it is of rare occurrence, and



that its absence indicates the efficiency of the methods of sterilization and closure in use.

After puncture a patient should remain in bed at least twenty-four hours, and longer if occasioned by a reaction. That such treatment is necessary is doubted by those who perform punctures in free clinics and allow the patient to return to their homes or occupations, but nevertheless it should be carried out when possible. A great many patients suffer no inconvenience from this procedure, while others react in varying degrees of severity. The usual symptoms are headache, malaise, nausea, vomiting and vertigo. Any one, or all of these may be present, but I have seen no reaction severe enough to produce vomiting, and the most frequent complaint has been of headache alone. While I have no exact record of the percentage of reactions in this series, the number has been comparatively small and in keeping with the experience of others. Some few instances are on record in which the patient died shortly after puncture, but these occurrences are evidently rare.

I have termed these punctures successful only when clear fluid was obtained. When visibly bloodstained, they were considered unsuccessful and no cell count was made. In my first hundred, I had twelve unsuccessful, while in the second hundred, only two occurred. The total percentage of successes for the whole series was 93, as against 88 for the first hundred only.

These figures tend only to show that, as in any other work, experience is a large factor in determining the success.

In conclusion, I wish to say I have confined myself as closely as possible to everyday and practical experience, and have quoted very little from other sources. I have also refrained from taking up the analysis of the cerebrospinal fluid, as this belongs more properly to the laboratory and would require a paper too great a length.

References: Quincke, "Lumbar Puncture" *Modern Clinical Medicine*. Diseases of the Nervous System. Kaplan, "The Serology of Nervous and Mental Diseases." "Rachicentesis."

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## THE CONSTITUTIONAL INFERIOR INDIVIDUAL AND THE PUBLIC\*

[By C. C. ATHERTON, M. D., Assistant Superintendent, Watertown State Hospital.]

Personal deviations from the regular course of mental development are considered abnormal only when they are of special consequence to the mental and physical life of the individual. This distinction is purely one of degree and is not to be confounded with eccentricities, which are often considered as being normal to the person. Eccentricities are simply an absolute predominance of individual factors originating from structural brain anomaly, and are found associated with all grades of intelligence.

Constitutional inferiority, with which this paper has to do, is a term applied to certain forms, or more properly a certain class of mental defectives, characterized by congenitally unstable nervous systems and particularly an unstable mental condition. They are the failures in life.

There is a large group of such morbid conditions which are considered mental deformities, but which are not characterized by any definite pathological disease process, but are regarded as morbid because of a general deviation from the usual normal mental life. Defectives of this type are under sufficient control of themselves to be responsible, or partially so at least, for their acts. They are what might be considered as normal intellectually, yet are, nevertheless, deficient in that they show themselves incapable of coordination in their social relations with the public by which the normal person succeeds in overcoming the problems of life. There is an absence of that fineness of balance which is so manifest in the normal individual. Conditions in life, even though ordinary in character, are met only

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\* Read before meeting of alienists and neurologists, Chicago, 1915.

half-heartedly and soon are abandoned for a less important and less strenuous occupation. There is an inability to adapt themselves to their environment. Inconstancy is the principal characteristic and it stands out so boldly that it is only too apparent even to the untrained and less scientific populace. There is a well marked feebleness of purpose with an incapacity to initiate, decide, or inhibit, will power, if it ever did exist, is pitifully weak.

Whether these unfortunates recognize their inferiority in comparison with the normal individual and try, in a way, to mask it, or whether their weakened will becomes exhausted, as yet remains an unanswered question. Whichever it may be, it is a fact, nevertheless, that they are indeed inferior and go a long way towards swelling the numbers in that great army of incompetent drifters of the human race—derelicts on the sea of human endeavor. Inadequacy is the keynote with them and they are totally unable to properly provide for their future. Those without a ready supply of funds and who of necessity must do something for a livelihood drift and wander from place to place, doing first one thing and then another, but never sticking to anything for a period long enough to derive benefit, except to get enough money to meet their immediate needs. Alcoholism, drug addiction and various other vices find in them ready victims. If they belong to a higher social grade than the average where ready money may be had for the asking and a more or less unlimited supply, their tastes are somewhat more elaborate, but just as vicious.

This group of social dandies are not exceptional and sooner or later pass on into the paths of least resistance, into inferior and only too frequently questionable surroundings, with never a thought of the possible consequences. They abandon themselves to games of chance, to dissipation, revelry and immorality. Their mental makeup is such that this sort of riotous conduct finds fertile soil in their disordered brains, and the wildness of to-day gives to them no warning thought for the morrow. They fail to grasp or appreciate that which should go with culture and refinement, and even the ordinary principles of common decency and good breeding soon fade into the background. Their intellect is such that they should know better, but it is well demonstrated in their morbid tendencies and in their daily conduct that they are inferior.

Public and private institutions have hundreds of these people, but by far the greater number are at large mingling and associating with the general public. When one of this type who has been in an institution succeeds in getting out, either by way of being regularly paroled or having escaped, he, as a rule, returns to his home and friends and for the most part gets along as well as the average for a time, at least, and the public never hears of him. If perchance he should go wrong and get into mischief, it is bad, but if some crime is perpetrated against society the fact is heralded all over the country and the calamity howlers set up a tirade of criticism and abuse against the institution authorities for carelessness and laxity in the conduct of their charges. On the other hand, prisoners are being daily released from the penal institutions because they have served their "bit" and public demands have been satisfied, or, in recognition of their good behavior, their sentences are cut short and they are paroled. They are presented each with a small sum of money, dressed in a new suit of clothes, and sent out into the world with a hearty handshake and the good wishes of all. They are the proven criminals, degeneracy pops out all over them, yet they are shunted out into the world and sent on their way rejoicing, ready to begin all over again. Statistics prove that by far the vast majority sooner or later, and usually sooner, fall from grace and are found in their old haunts with the same old crowd and ready to do business in the same old way. Schooled in crime and most important of all, defectives, with a cunning developed to a high degree from their life of deception, they are soon haled into police circles for fresh crimes and again sent to prison. Whether the crime was serious or not, it is only too frequently minimized and the fact that they are crafty, degenerate, dangerous beings seemingly makes but little difference, for when their time is up they are again allowed their freedom, by law, to go where they please and again try it all over.

The open-door policy of these United States permits defectives to enter this country without much difficulty. The so-called literacy test, a bill to legalize the same having been introduced in the recent Congress and which met with terrific opposition, would not by any manner of means correct the evil. The higher the education the more dangerous the defective. A sound mind and a healthy body are worth more to this country than an educated degenerate who can read and write and whose knowledge only serves to make him a cunning, lawless and slippery citizen, whose activities are principally limited to evading the law.

It is useless to further consider this phase of the subject other than to say we know beyond a question that these people exist, we know their peculiarities and their weaknesses and can describe them, and we further know that they are not normal and never will be. The vital question is, what are we going to do about it?

Newspapers, magazines, and various other publications have taken up the subject and are devoting considerable space to it. Some of the articles are excellent, while others are not. For example, one occasionally sees in print where a defective child has been made normal by a simple operation on the eyes, a straightening of the same, or perhaps a correction of vision. This is purely a circumstance in the child, which may have made it so difficult for him to see that it was impossible for him to keep up with his class, and, as a result, he fell behind in his studies. Defective vision and defective mental development are two distinctly and vastly different things, and no operation on the eyes, regardless of its character, is going to put a new set of brains into anyone's skull.

The eugenic proposition is another plan which was launched forth by many enthusiasts and which was supposed to do wonders, but for many reasons it has not lived up to its reputation. It is quite likely that it would help some if it could be properly carried out, but unfortunately it is one of those near laws which cannot be enforced. The clean bill of health marriage certificate is fine so far as it goes, but it too has its limitations. It no doubt could stop diseased people from marrying, but how on earth could it prevent any of the type considered in this paper from doing so, providing his or her physical state was such as to pass inspection. It is a moral certainty that they would present themselves for examination all primed and ready for the examiner.

Sterilization of the unfit is another means which has been recommended and some states have laws on their statutes authorizing that this be done. This method would, to a slight extent, decrease procreation, but in my opinion, to a very large degree, increase sexual disease.

To remove the conceptive elements of a defective woman and then allow her to roam at large would be almost criminal and certainly disastrous. Caution would become a thing of the past and her amoral nature would in spite of all, assert itself. Men would continue to use her for evil purposes and as a carrier of venereal disease, syphilis, gonorrhoea, and numerous others of a like nature, she would be the medium par excellence.

At a recent medical meeting held in this city a paper on this subject was read and I take the liberty to offer you a part of the same, as follows: "It is against the law to disseminate knowledge that may lead to birth control and yet we see everywhere about us insanity, imbecility, criminality, truancy and every degree of parasiticism and chronic invalidism."—"Birth control is of paramount importance in handling the tremendous social questions of the day."—"The stifling fumes of our morally decomposing masses threaten our good homes and our nation," etc.

Considerably more than the above appeared in at least one of our most prominent dailies. The public, of course, reads and knowing but the one side of the question, thinks it is a good thing, but is it? Would the sterilization of the unfit as a general measure do all that is claimed for it? Individuals who are subjects for an operation of this character must of a necessity be subjects for further care and observation; and as such, there is only one way to properly provide for them, and that is to place them in an institution and keep them there for the remainder of their lives with such laws



as would make this possible. No doubt this would be somewhat expensive in the beginning, but would it not be cheapest in the end?

Notwithstanding all that has been said and done on the subject of Defective Mental Development and its relation to the public, the issue remains a most vital one and is of paramount importance to all.

### STATE CHARITIES COMMISSION.

FINANCIAL STATEMENT, SHOWING THE AMOUNTS OF THE VARIOUS FUNDS ON HAND THE FIRST DAY OF JULY, 1915; DISBURSEMENTS DURING THE QUARTER AND BALANCES, SEPTEMBER 30, 1915.

	Incidental expenses.	Clerk hire.	Conference of Charities.	Books.	Extra clerk hire.	Traveling expenses.	Postage.	Contingent.	Criminal statistics.	Printing and binding.	Codification.
Balances on hand July 1, 1915.....	\$1,422 47		\$ 21 60	\$399 16							
Appropriations July 1, 1915.....	510 00	\$4,400	750 00	500 00	\$350	\$2,900 00	\$650	\$360	\$750	\$400	\$500
Lapsed in former years but not charged off.....	73 29		11 49	381 60							
Lapsed Sept. 30., 1915.....			10 11								
Disbursements July 1, Sept. 30, 1915.....	1,349 18	1,025		93 82	25	233 13					
Balances on hand Oct. 1, 1915.....	510 00	3,375	750 00	423 73	325	2,666 87	650	360	750	400	500

### LIST OF VOUCHERS ISSUED FROM JULY 1, 1915, TO SEPTEMBER 30, 1915.

#### INCIDENTAL EXPENSES.

Date.	To whom paid.	Purpose.	Amount.
July 6	J. W. Patton.....	Postage.....	\$ 50 00
July 6	A. L. Bowen.....	Postage.....	30 80
July 6	A. L. Bowen.....	Traveling expenses.....	51 90
July 6	Annie Hinrichsen.....	Traveling expenses.....	54 30
July 8	Dr. Anna Dwyer.....	Traveling expenses.....	120 40
July 31	Annie Hinrichsen.....	Traveling expenses.....	23 00
Aug. 4	Annie Hinrichsen.....	Traveling expenses.....	22 80
Aug. 4	Annie Hinrichsen.....	Traveling expenses.....	20 30
Aug. 4	Annie Hinrichsen.....	Traveling expenses.....	38 20
Aug. 4	A. L. Bowen.....	Traveling expenses.....	61 00
Aug. 14	J. W. Patton.....	Postage.....	50 00
Aug. 17	Illinois State Reformatory.....	Supplies.....	6 70
Aug. 17	Illinois State Reformatory.....	Supplies.....	3 60
Aug. 17	International Press Clipping Bureau.....	Clippings.....	5 00
Aug. 17	International Press Clipping Bureau.....	Clippings.....	5 00
Aug. 17	Central Union Telephone Co.....	Telephone.....	9 80
Aug. 17	Central Union Telephone Co.....	Telephone.....	7 30
Aug. 17	James Diehle.....	Hauling mail.....	1 50
Aug. 17	Western Union Telegraph Co.....	Messages.....	3 20
Aug. 17	Western Union Telegraph Co.....	Messages.....	2 20
Aug. 17	Jeffersons, Printing Co.....	Paper wrappers.....	8 50
Aug. 17	American Express Co.....	Express.....	4 80
Aug. 17	American Express Co.....	Express.....	5 90
Aug. 17	A. W. Kessberger.....	Photograph.....	1 00
Aug. 17	Coe Brothers.....	Supplies.....	2 20
Sept. 3	International Press Clipping Bureau.....	Clippings.....	5 00
Sept. 3	J. A. Mussillon.....	Repairs.....	5 00
Sept. 3	A. L. Bowen.....	Traveling expenses.....	10 90
Sept. 3	J. W. Patton.....	Postage.....	100 00
Sept. 4	L. C. Smith & Bro.....	Typewriter.....	33 50
Sept. 4	Western Union Telegraph Co.....	Messages.....	9 90
Sept. 4	Postal Telegraph Co.....	Messages.....	1 00
Sept. 7	F. T. Dirksen.....	Re-covering chairs.....	16 00
Sept. 7	Central Union Telegraph Co.....	Telephone.....	12 70
Sept. 7	Capitol Engraving Co.....	Cuts.....	17 70
Sept. 7	Annie Hinrichsen.....	Traveling expenses.....	22 00
			\$1,349 18

## CLERK HIRE.

July 31.	Pay roll .....	\$ 241 68
Aug. 31.	Pay roll .....	241 66
Sept. 30.	Pay roll .....	341 66
Sept. 1.	Pay roll .....	200 00

\$1,025 00

## AUXILIARY VISITORS.

No vouchers drawn on this appropriation during past six months.

No new appropriation was made.

Lapsed in former years but not charged off.....	\$ 433 20
Lapsed September 30, 1915.....	1,890 00

\$2,324 20

## BOOKS.

Date.	To whom paid.	Purpose.	Amount.
Aug. 17	American Press.....	Subscription.....	\$ 3 00
Aug. 17	Coe Brothers.....	Supplies.....	3 25
Aug. 17	E. B. Treat & Co.....	Subscription.....	6 00
Aug. 17	National Conference Jewish Charities.....	Books and subscription..	8 00
Aug. 17	Illinois State Journal.....	Subscription.....	5 07
Aug. 17	The New World.....	Subscription.....	2 00
Aug. 17	The Literary Digest.....	Subscription.....	3 00
Aug. 17	Illinois State Reformatory.....	Binding.....	53 00
Sept. 4	National Association for Epilepsy.....	Books.....	10 50
			<u>\$93 82</u>

## EXTRA CLERK HIRE.

Date.	To whom paid.	Purpose.	Amount.
Sept. 20	Annie M. Norman.....	Extra service.....	\$16 25
Sept. 28	Fannie Springer.....	Extra service.....	8 75
			<u>\$25 00</u>

## TRAVELING EXPENSES.

Date.	To whom paid.	Purpose.	Amount.
Sept. 20	Mabel Nixon.....	Traveling expenses.....	\$101 90
Sept. 23	Annie Hinrichsen.....	Traveling expenses.....	49 11
Sept. 23	Annie Hinrichsen.....	Traveling expenses.....	42 55
Sept. 23	Annie Hinrichsen.....	Traveling expenses.....	39 57
			<u>\$233 13</u>

## CONFERENCE OF CHARITIES.

No vouchers drawn on this appropriation during past six months.

Lapsed in former years but not charged off.....	\$10 11
Lapsed September 30, 1915.....	11 49

\$21 60

## CERTIFIED ORPHANAGES.

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Certificate expires one year from date given. Corrected September 30, 1915.

Amanda Smith Industrial School for Girls, North Harvey, May 6, 1915. President, Mrs. Chas. Henrotin, 1656 North LaSalle Street, Chicago.

Anna B. Millikin Home, Decatur, June 10, 1915. Superintendent, Miss Alice Caldwell.

Association Home, a Home for Dependent Girls, 227 South Cherry Street, Galesburg, January 15, 1915. Superintendent, Miss Clara D. Hallock.

Bethany Protective Association, Rock Island, June 10, 1915. Matron, Mrs. Naomi Littig.

Bethel Holiness Orphanage, Carlinville, January 8, 1915. Superintendent, Rev. C. C. Brown.

Bethel Home for Convalescent Women and Children, 552 East Thirty-third Place, Chicago, March 12, 1915. Superintendent, Mrs. W. A. Barron.

Beulah Home and Maternity Hospital of Chicago, 2142-2148 North Clark Street, Chicago, February 5, 1915. Assistant Superintendent, Mr. O. H. Richards.

Board of Trustees, Southern Illinois Conference of the Methodist Episcopal Church, Creal Springs, February 10, 1915. Superintendent, Rev. Dan'l W. Hopkins.

Bohemian Industrial School for Girls, 5061 North Crawford Avenue, Chicago, January 2, 1915. Superintendent, Otto F. Dusek.

Bohemian Training School for Boys, 5061 North Crawford Avenue, Chicago, January 2, 1915. Superintendent, Otto F. Dusek.

Catherine Kasper Industrial School for Girls, Chicago, June 13, 1915. Superintendent, Sister M. Bertina.

Catholic Home-Finding Association of Illinois, 506 Hearst Building, Chicago, April 2, 1915. Superintendent, Maurice R. Reddy.

Central Baptist Children's Home, Maywood, August 3, 1914. Superintendent, H. N. McGillivray.

Chicago Foundling's Home, 15 South Wood Street, Chicago, February 11, 1915. Superintendent, Miss Frances C. Shipman.

Chicago Industrial Home for Children, Woodstock, August 3, 1914. Superintendent, Rev. W. P. Ferries, 1132 Washington Boulevard, Chicago.

Chicago Industrial School, Desplaines, August 3, 1914. Secretary, Mrs. D. F. Brenner, Jr., 5009 Greenwood Avenue, Chicago.

Chicago Inner Mission Society of the Evangelical Lutheran Church, 127 North Dearborn Street, Chicago, February 10, 1915. President, J. N. Brandette.

Chicago Orphan Asylum, 5120 South Park Avenue, Chicago, February 18, 1915. Superintendent, Mrs. C. H. Stocking.

Chicago Home for Girls, 5024 Indiana Avenue, Chicago, August 3, 1914. Superintendent, Miss Helen Stevens.

Children's Home of Rockford, Rockford February 27, 1915. President, Mrs. Sarah Joslin.

Cook County Kinderheim, 1305-6 North Rockwell Street, Chicago, October 31, 1914. Superintendent, Rev. A. F. Schlechte.

Country Home for Convalescent Children, West Chicago, April 22, 1915. Superintendent, Miss Elizabeth Worden.

Danish Lutheran Orphan Home of the Danish Lutheran Church Education Association, 3320 Evergreen Avenue, Chicago, August 8, 1914. Matron, Mrs. A. Hansen.

Deutscher Evangelischer Waisenhaus und Altenheim—Verein von Nord Illinois, Bensenville, August 3, 1914. Superintendent, Rev. Valentin Crusius.



Edgar County Children's Home, Paris, July 18, 1914. Superintendent, Mrs. Minnie Lynn.

Elgin Children's Home Association, Elgin, January 15, 1915. Matron, Mrs. Mabel M. Wells.

Evangelical Lutheran Home-Finding Society of Illinois, 3422 Hirsch Street, Chicago, February 20, 1915. President, Rev. G. A. Gullixson, 2219 North Avenue, Chicago.

Evangelical Lutheran Kinderfreund Society of Illinois, Peoria, August 3, 1914. Superintendent, Rev. F. Zagel.

Florence Crittenton Anchorage, 2615 Indiana Avenue, Chicago, February 20, 1915. Secretary, Mrs. Matilda E. Klein.

Florence Crittenton Peoria Home, Peoria, July 18, 1914. Superintendent, Miss Sarah Darling.

Francis Juvenile Home Association, 3929 Indiana Avenue, Chicago, August 15, 1914. President, Mrs. Philip E. Holp, 4813 Evans Avenue, Chicago.

Galesburg and Knox County Free Kindergarten Association, Galesburg, May 4, 1915. Superintendent, Miss Jean Walker.

German Evangelical Lutheran Orphans' Home Association, Addison, February 5, 1915. Superintendent, H. Merz.

Girls' Industrial Home of McLean County, Bloomington, June 13, 1915. Superintendent, Mrs. Martha Slaten.

Glenwood Manual Training School, Glenwood, September 16, 1914. Leo A. Phillips, Superintendent.

Guardian Angel Home (Third Order of St. Francis), 117 Buel Avenue, Joliet, February 21, 1915. Superintendent, Sister M. Clementine Koch.

Home of the Good Shepherd, Peoria, April 16, 1915. Superintendent, Mother Mary of St. Roberta.

Home of the Good Shepherd for Colored Girls, 4900 Prairie Avenue, Chicago, December 16, 1914. Superintendent, Anna Fitzpatrick.

House of the Good Shepherd, Grace and Racine Streets, Chicago, August 15, 1914. President, Mother Mary of St. Charles.

Hudelson Baptist Orphanage, Irvington, April 6, 1915. Rev. Alfred C. Kelley.

Illinois Children's Home and Aid Society, 209 South State Street, Chicago, Republic Building, May 25, 1915. Superintendent, Wilfred S. Reynolds.

Illinois Technical School for Colored Girls, 4900 Prairie Avenue, Chicago, December 16, 1914. Superintendent, Anna Fitzpatrick.

Italian Ladies' Charitable Association, 533 Milwaukee Avenue, Chicago, January 21, 1915. President, Miss Rosamond Libonato.

Jewish Home-Finding Society of Chicago, 720 West Twelfth Street, Chicago, April 13, 1915. Superintendent, Mrs. Jennie Mandel.

Ketteler Manual Training School for Boys, Chicago, June 13, 1915. Superintendent, Sister M. Bertina.

Life Boat Rescue Home, Hinsdale, January 21, 1915. President, Dr. David Paulson.

Lincoln Colored Home, Springfield, June 30, 1915. Superintendent, Miss Eva Monroe.

Lisle Industrial School for Girls, Lisle, June 13, 1915. Superintendent, Rev. Procop Neuzil.

Lisle Manual Training School for Boys, Lisle, June 13, 1915. Superintendent, Rev. Procop Neuzil.

Louise Training School for Colored Boys, 6130 South Ada Street, Chicago, June 28, 1915. Superintendent, Mrs. Elizabeth McDonald.

McDonough County Orphanage, Macomb, August 8, 1914. President, Dr. D. S. Adams; Matron, Josie M. Westfall.

Mason Deaconess Home and Baby Fold, Normal, January 31, 1915. Superintendent, Mrs. T. W. Asher.

Methodist Deaconess Orphanage, Lake Bluff, August 3, 1914. Superintendent, Miss Lucy J. Judson.

Mt. Carmel Faith Missionary Training Home and Orphanage of the Brethren in Christ, Morrison, December 1, 1914.

Norwegian Lutheran Children's Home Society, Edison Park, June 9, 1915. President, Rev. Lars Harrisonville, 1406 North Washtenaw Avenue, Chicago.

Orphanage of the Holy Child, 107 East Lawrence Avenue, Springfield August 3, 1914. House Mother, Sister Geraldine.

Orphan Asylum for Southern Illinois at Cairo, June 30, 1915. Secretary Mrs. J. J. Rendelman.

Orphans' Home and Farm School of the Scandinavian Lutheran Augustana Synod, Andover, June 30, 1915. Superintendent, Deaconess Ingeborg Carlberg.

Orphans' Home Association of the South Illinois District of the German Evangelical Synod of North America, Hoyleton, April 8, 1915. Superintendent, J. H. Koenig.

Park Ridge School for Girls, Park Ridge, August 3, 1914. Superintendent, Mrs. B. T. Gould.

Polish Manual Training School for Boys, Niles; Post Office, Edison Park September 16, 1914. Rev. Father Francis S. Rusch, Superintendent.

Protectorate, Catholic Women's League, 7 West Madison Street, Chicago February 20, 1915. Superintendent, Mrs. Leonora Z. Meder.

St. Hedwig's Industrial School for Girls, Niles; Post Office, Edison Park September 16, 1915. Rev. Francis S. Rusch, Superintendent.

St. John's Catholic Orphanage of the Belleville Diocese, Belleville, Ill December 19, 1914. Superintendent, Rev. Edward S. Mitsch.

St. Joseph's Bohemian Orphanage, 1631 Allport Street, Chicago. Secretary, Rev. Joseph Chratol, July 15, 1915.

St. Mary's Industrial School of Metamora, Metamora, January 21, 1915. Superintendent, Sister Teresa.

St. Mary's Training School, Freeport, August 3, 1914. Superintendent, Rev. Jas. M. Doran; Manager, Sister Mary Geraldine.

St. Vincent's Industrial School for Girls, Freeport, August 25, 1914. Superintendent, Rt. Rev. P. J. Muldoon, Rockford, Illinois.

St. Vincent's Infant Asylum, 721 North LaSalle Street, Chicago, August 3, 1914. Secretary, Sister Regina.

St. Vincent's Training School for Boys, Freeport, August 25, 1914. Superintendent, Rt. Rev. P. J. Muldoon, Rockford, Illinois.

Salem Orphanage, Flanagan, July 30, 1914. President, Rev. Benjamin Rupp.

Salvation Army Rescue and Maternity Home, 1332 North LaSalle Street Chicago, June 1, 1915. Staff Captain, Anna L. Hanstein.

Springfield Home for Friendless, Springfield, August 3, 1914. Secretary, Miss Mary R. Hudson; Superintendent, Susie D. Trotter.

Springfield Redemption Home, Eleventh and Jackson Streets, Springfield August 6, 1914. Manager, Mrs. W. H. Hunt.

Swedish Lutheran Orphanage and Salem Home for Aged, Joliet, February 5, 1915. Superintendent, Rev. A. W. Stark.

The Home, Girard, April 26, 1915. Secretary, Rev. S. S. Brubaker. Vermilion County Children's Home, Danville, June 30, 1915. Matron, Viola Slusser.

White Hall Orphan's Home Society, White Hall, January 16, 1915. Superintendent, W. J. Roberts.

Winnebago Farm School, Rockford, February 5, 1915. Superintendent, Adelaide Mutimer.

Woman's Christian Home Mission (Home for the Friendless), Peoria November 8, 1914. Secretary, Miss Elizabeth T. Ellis, 620 N. Elizabeth Street.

Woman's Home Missionary Society of the Illinois Conference of the Methodist Episcopal Church (Cunningham Children's Home), Urbana, September 18, 1914. Superintendent, Rev. X. M. Fowler.

Woodland Home for Orphans and Friendless, Quincy, February 5, 1915. President, Mrs. J. W. Gardner.

Working Boy's Home, 1040 West Jackson Boulevard, Chicago, February 5, 1915. Superintendent, Rev. Fr. Quill.

## OLD PEOPLE'S HOMES IN ILLINOIS.

### CHICAGO, ILL.

American Home for Aged Ladies, 4522 North Robey Street, Chicago. Mrs. Mary Mann, Superintendent. At present this is run as a private institution.

Augustana Home for the Aged, 7544 Stoney Island Avenue, Chicago. Rev. G. K. Clark, Superintendent, 11310 Forest Avenue; home for aged men and women; age limit, sixty-five years; compensation, \$500 if they have it.

Bethany Home of the Swedish Methodist Church, 5015 North Paulina Street, Chicago. Gustaf Dahl, Superintendent; home for care of old people; no age limit; no specific compensation; inmates leave what they have to the home.

Bohemian Old People's Home, 5061 North Fortieth Avenue, Chicago. Otto F. Dusek, Manager; age limit, sixty years; no fixed compensation; some donate savings to the home.

Church Home for Aged Persons, 4323-4329 Ellis Avenue, Chicago. Miss Helen M. Rathbone, Superintendent; home for care of aged persons; age limit, seventy years; compensation, \$500 for life.

Franciscan Sisters of St. Kunegunda, 2649 North Hamlin Avenue, Chicago. Sister Mary Vincenta, Superintendent; age limit varies; no compensation.

Home for Aged and Infirm Colored People, 510 West Garfield Boulevard, Chicago. Geo. M. Turner, Secretary, Station M, Chicago P. O.; age limit, fifty years; compensation, \$100.

Home for Aged Jews, 6140 Drexel Avenue, Chicago, Simon Strauss, Superintendent; age limit, sixty years for women; sixty-five years for men; compensation, \$300.

Home for Aged Little Sisters of the Poor, Fullerton and Sheffield Avenues, Chicago. Sister Germaine, Provincial; home for care of aged poor; age limit, sixty years; no compensation.

Hungarian Women's Home, 640 Garfield Avenue, Chicago. Mrs. Valeria Laborszky, Superintendent; home for care of Hungarian girls and women; age limit varies; no compensation.

James C. King Home for Old Men, 360 East Garfield Boulevard, Chicago. L. S. Moore, Superintendent; age limit, sixty-eight years; compensation, \$500.

Methodist Episcopal Old People's Home, 1415-1417 Foster Avenue, Chicago. Isabelle C. Reeves, Superintendent; age limit, sixty-five years; compensation, \$300 if possible.

Old People's Home of the City of Chicago, 4724 Vincennes Avenue, Chicago. Mrs. Natalie R. Duff, Superintendent; home for care of old and indigent women; age limit, sixty years; compensation, \$300 when able to pay.

Presbyterian Home for the Aged, 668 Garden Street, Chicago. Norman B. Barr, Superintendent; no age limit; no fixed compensation.

Swedish Covenant Hospital and Home of Mercy, 2739 West Foster Avenue, Chicago, Rev. Albin Johnson, Superintendent; no age limit; no fixed compensation.

Western German Baptist Old People's Home Society, 1837 North Spaulding Avenue, Chicago. Hugo Schmidt, Superintendent; age limit, sixty years; no fixed compensation.

### COOK COUNTY (OUTSIDE OF CHICAGO).

Evangelical Lutheran Old Folks' Home Association of Chicago, Arlington Heights. Chas. Stier, Superintendent; age limit, sixty years; compensation—sixty to seventy years, \$500; seventy to eighty years, \$400; eighty years and over, \$300.



Swedish Baptist Home for the Aged, 11400 Crescent Avenue, Morgan Park. O. Ellison, Superintendent; age limit, sixty years; compensation—sixty years, \$300; sixty-five years, \$250; seventy years, \$200; seventy-five years and over, \$150.

Danish Old People's Home, 6809 Walnut Street, Norwood Park. Thorward Nilsen, Superintendent; age limit, sixty years; compensation, \$300.

Norwegian Old People's Home Society of Chicago, Avondale and Cuyler Avenues, Norwood Park. Mrs. Anna Christensen, Superintendent; age limit sixty years; compensation, \$300.

#### ADAMS COUNTY.

Anna Brown Home for Aged, 1507 North Fifth Street, Quincy. Miss Lida R. Henry, Superintendent; age limit, sixty years; compensation, \$500.

The Old People's Home of the St. Louis German Conference of the M. E. Church, 418 Washington Street, Quincy. Wm. Blacke, Superintendent; age limit, sixty years; compensation, \$300.

St. Vincent Home, 1350 North Tenth Street, Quincy. Address superintendent; age limit, fifty years; no fixed compensation.

#### BOND COUNTY.

The Eleanor Smith Memorial Deaconess and Old People's Methodist Home, Smithboro. For age limit and compensation apply to superintendent.

#### BUREAU COUNTY.

Adeline E. Prouty, Old Ladies' Home, Princeton. For rules governing admission apply to Mabel S. Priestly, Trustee, Princeton.

Mercy Home and Hospital, Ohio. Conducted by the Sisters of Mercy; Sister M. Francis, Superior; no fixed age limit; compensation, \$20 per month.

#### CARROLL COUNTY.

Caroline Marks' Home, Mt. Carroll. Fred S. Smith, Trustee; home for aged women; age limit, fifty years; no compensation.

#### CHAMPAIGN COUNTY.

The Garwood Home, North First Street, Champaign. W. H. Johnson, Superintendent; home for aged and infirm women; age limit, fifty years; compensation varies.

#### COLES COUNTY.

I. O. O. F. Old Folks' Home, Mattoon. Joseph T. Nesth, Superintendent; home for aged and indigent members I. O. O. F. and wives; no age limit; no compensation.

#### DEKALB COUNTY.

Ellwood Old People's Home, DeKalb. This home has 20 acres of land and endowment fund of \$100,000, donated by Isaac L. Ellwood; will probably be constructed within a short time.

#### DUPAGE COUNTY.

German Evangelical Old People's Home, Bensenville. Ferdinand Brauer, Superintendent; age limit, sixty years; compensation—sixty to seventy years, \$500; seventy to seventy-five years, \$400; seventy-five years and over, \$300; charity cases also admitted.

#### KANE COUNTY.

Old Ladies' Home, Aurora, 421 South Fifth Street, Aurora. Margaret Wright Long, Superintendent; age limit, sixty-five years; compensation—sixty-five to seventy years, \$500; seventy years or over, \$300.

Old People's Home, Elgin. D. E. Wood, Superintendent; age limit varies; compensation, \$500.

#### KNOX COUNTY.

Knoxville Old Ladies' Home, Knoxville. Mrs. L. H. Isham, Matron; age limit, sixty-five years; compensation, \$300.

#### MCHENRY COUNTY.

Old People's Rest Home, Woodstock. J. D. Kelsey, Superintendent; age limit, sixty-five years; compensation varies.

## MCLEAN COUNTY.

Jessamine Withers Old Ladies' Home, 305 W. Locust Street, Bloomington. Miss I. B. Ingle, Superintendent; age limit, sixty-five years; compensation, \$400; must be in good health.

## MACON COUNTY.

Anna B. Millikin Home, 200 North Oakland Avenue, Decatur. Miss Alice Caldwell, Superintendent; no age limit; compensation varies.

Pythian Home of Illinois, Decatur. Mr. Clifton Hatch, Superintendent; no age limit; no compensation.

Eastern Star and Masonic Home, Macon. Mrs. Lola Rickard, Superintendent; for old ladies, members of the Eastern Star, and the dependent wives, widows, daughters and sisters of Master Masons.

## MACOUPIN COUNTY.

Old People's and Orphans' Home of the Church of the Brethren of the Southern District of Illinois, Girard. M. Smeltzer, Superintendent; no age limit, no fixed compensation.

## MADISON COUNTY.

Alton Woman's Home, 2224 State Street, Alton. Mrs. A. R. Root, President; age limit, sixty years; compensation—sixty to seventy years, \$500; seventy to eighty years, \$400; over eighty years, \$300.

Nazareth Home, Alton. Mother Paulina, Superintendent; no age limit; compensation varies.

St. Joseph's Hospital and Home for the Aged, Highland. Address superintendent; hospital for care of sick and home for the aged; no age limit; compensation varies.

## MORGAN COUNTY.

Christian Home for the Aged, (Auxiliary to the National Benevolent Association of Christian Churches), Jacksonville. S. Thornbury, Superintendent; age limit, seventy years; compensation varies.

## MOULTRIE COUNTY.

Evans Home, Sullivan. Home for aged women. Address Irving Shuman, Fairview Stock Farm, Sullivan.

Illinois Masonic Home, Sullivan. Geo. W. Pumphrey, Superintendent; home for indigent Masons, their wives, widows and orphans; no age limit; no compensation.

## OGLE COUNTY.

Old People's and Orphans' Home, Mt. Morris. M. E. Book, Superintendent; no age limit; no compensation.

## PEORIA COUNTY.

John C. Proctor Endowment, Spring and Glendale Avenues, Peoria. Miss Eleanor J. Coodlidge, Superintendent; age limit, fifty-five years; compensation varies.

Mrs. Mary M. Hotchkiss Geyer Memorial Home for Aged People, Knoxville and Armstrong Avenues, Peoria. Mrs. M. L. Waters, Matron; age limit, sixty-five years; compensation, \$500.

St. Joseph's Home, 405 Smith Street, Peoria. Address superintendent; age limit, sixty-five years; no fixed compensation.

## ST. CLAIR COUNTY.

St. Vincent's Old People's Home, Second and Race Streets, Belleville. Ven. Sister M. Lydia, Superior; no age limit; no fixed compensation.

## SANGAMON COUNTY.

Carrie Post King's Daughters' Home for Aged Women, 541 Black Avenue, Springfield. Mrs. C. M. Meets, Matron; age limit, sixty years; compensation varies.

Lincoln Colored Home, 427 South Twelfth Street, Springfield. Miss Eva Monroe, Superintendent; age limit, sixty-three years; compensation varies.

St. Joseph's Home for the Aged, 801 South Sixth Street, Springfield. Sister M. Philomena, Superintendent; age limit, sixty years; no fixed compensation.

#### WILL COUNTY.

Swedish Evangelical Lutheran Salem Home for the Aged, Joliet. Rev. A. W. Stark, Superintendent; age limit, sixty years; compensation, \$500.

#### WINNEBAGO COUNTY.

Jennie Snow Home, 525 Kent Street, Rockford. Miss C. A. Slade, Secretary; home for care of old ladies; age limit, fifty years; compensation, \$200; inmates also leave what property they may have to the home.

Winnebago County Home for the Aged, 408 N. Horsman Street, Rockford. Mrs. Mary White, Matron; age limit, sixty years; compensation, \$300.

#### STATE HOMES.

Illinois Soldiers' and Sailors' Home, Quincy. John E. Andrew, Superintendent.

Soldiers' Widows' Home of Illinois, Wilmington. Flo Jamison Miller, Superintendent.

#### NATIONAL.

National Soldiers' Home, Danville. Address superintendent.

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Compiled by the Department Visitation of Children.



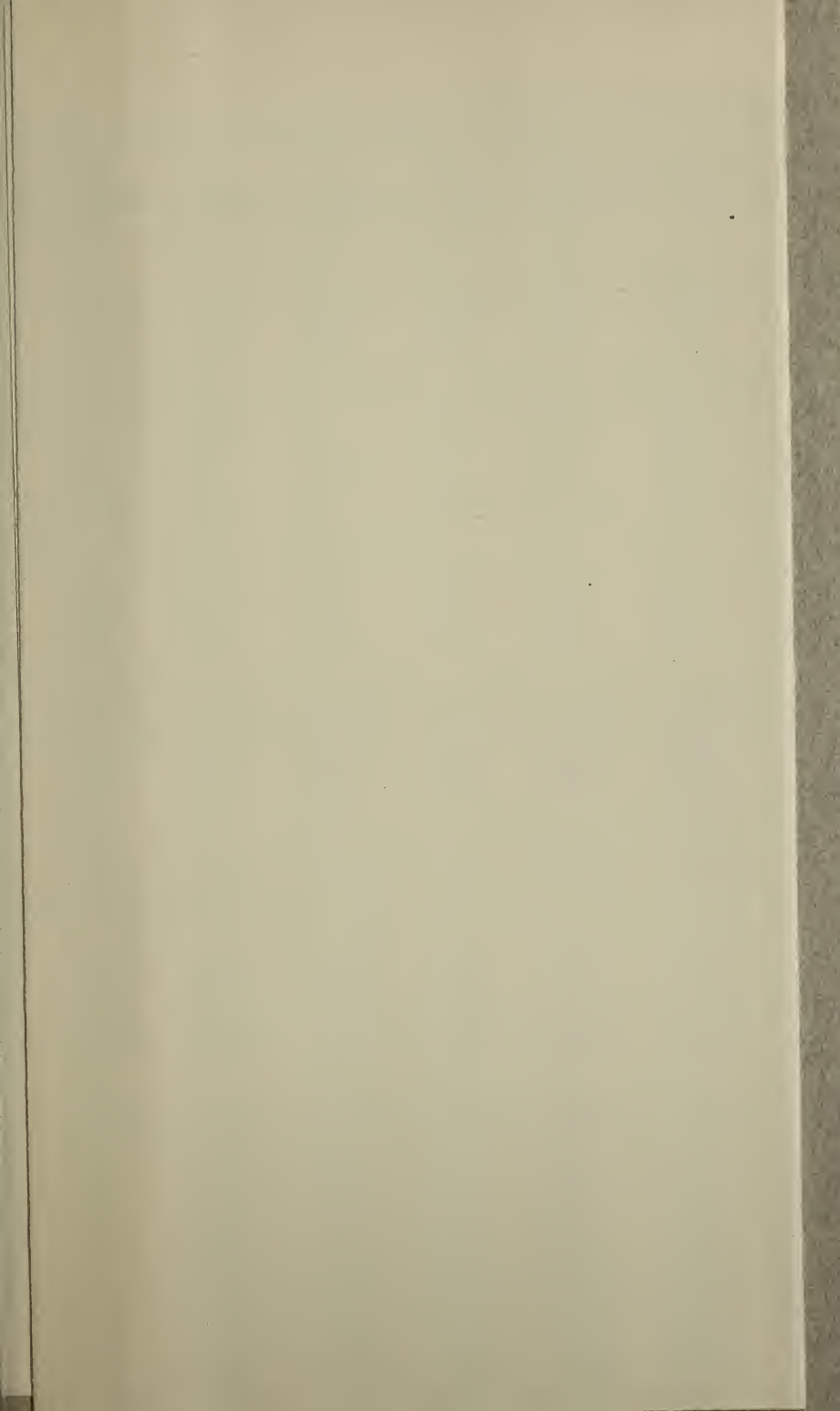
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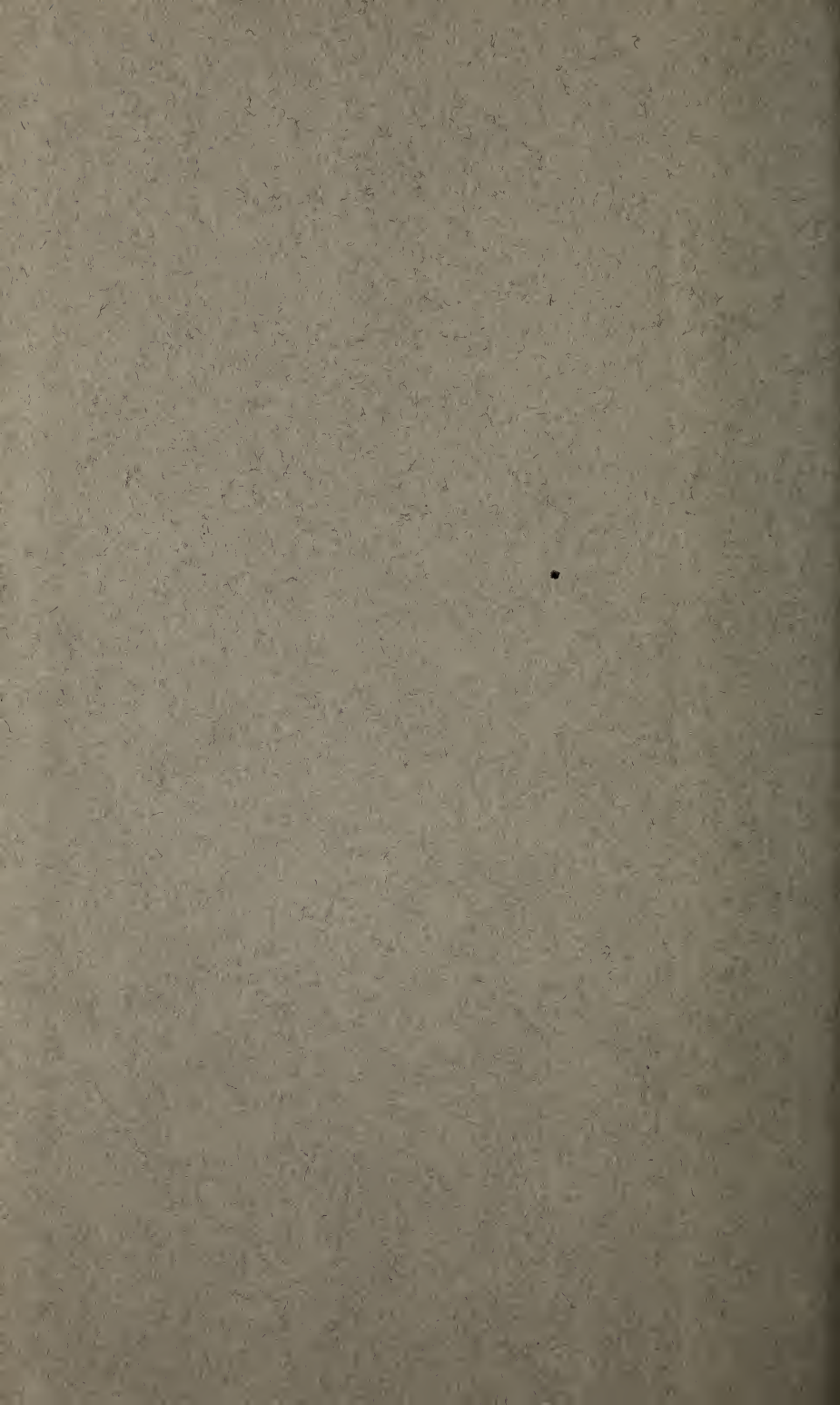
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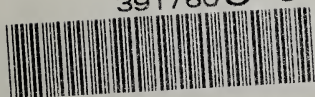






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